South Eastman Health/Santé Sud Est
2010-2011
Annual Report to the Minister

South Eastman Health
Santé Sud-Est

Partnering with you.
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The Honorable Theresa Oswald
Minister of Health
Room 302, Legislature Building
450 Broadway
Winnipeg, MB R3C 0V8

Dear Minister Oswald:

We have the honour to present the Annual Report for the South Eastman Health/Santé Sud-Est Regional Health Authority, for the fiscal year ending March 31, 2011.

This Annual Report was prepared under the Board's discretion, in accordance with *The Regional Health Authorities Act* and directions provided by the Minister of Health. All material economic and fiscal implications known as of September 30th, 2011 have been considered in preparing the annual report. The content of this document was approved by the Board of Directors at its June 22, 2011 meeting. We thank you for your continuing support.

Respectfully submitted on Behalf of
South Eastman Health/Santé Sud-Est Inc.

Guy Levesque
Board Chair
South Eastman Health/Santé Sud-Est Inc.

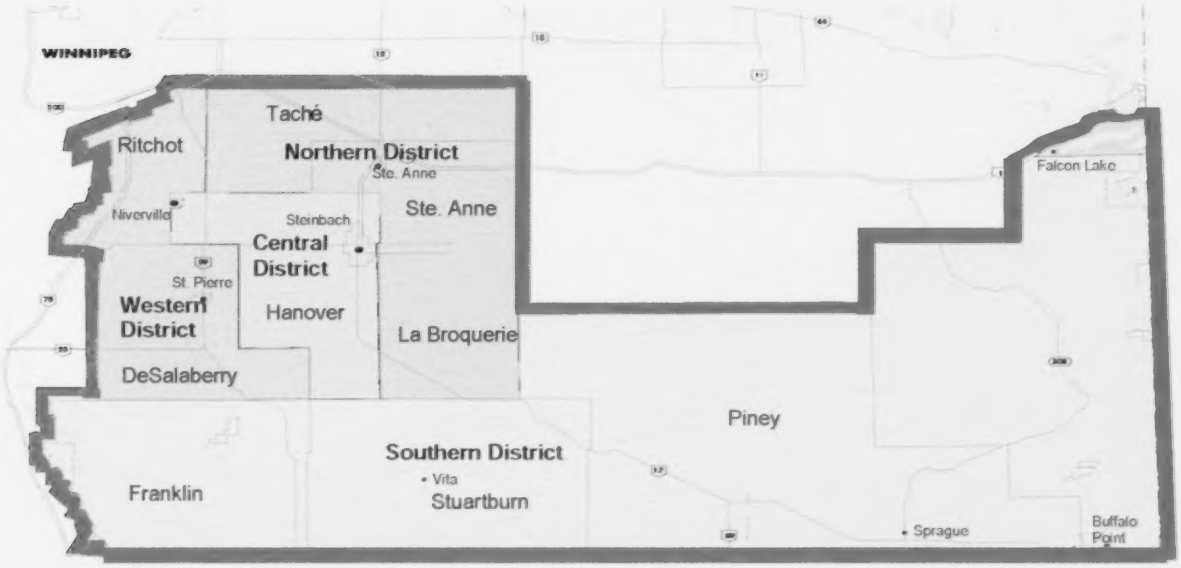
SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.

OUR POPULATION

South Eastman Health/Santé Sud-Est is a rapidly growing bilingual rural Regional Health Authority (RHA) with a relatively healthy and young population. The Region, encompassing the area south from the Trans-Canada Highway to the U.S. border, and East of the Red River to the Ontario border, includes 13 municipalities, one First Nations community and unorganized territory.

South Eastman continues to experience a 2-3% population increase each year, maintaining its decade-long trend of steady growth. In June 2010, the regional population numbered 68,383, representing 27% increase since 2000 or more than 14,000 additional residents. South Eastman is by far the fastest growing RHA in Manitoba, with the provincial and Winnipeg populations showing only 7 % increases over the same time period.

For health planning purposes, the region is divided into four districts: Western, Northern, Central, and Southern. Within South Eastman, the Central, Western and Northern District populations have grown by 41%, 27% and 13%, respectively since 1999 while the Southern District population increased 4%. South Eastman has also experienced significant growth across all age groups, with increases markedly above the provincial averages in all age categories.



Our regional population represents a wide range of ethnicities. Ninety-eight per cent (98%) of residents report origins in five groups: European 42%, British Isles 16%, French 14%, Aboriginal 9% and other North American 18%. The contribution of European origins is noticeably greater than in the general Manitoba population at 34%.

Data from the 2006 Census records show that in South Eastman (as in Manitoba overall), one in eight residents (12%) is an international immigrant born outside of Canada. According to Census figures, immigrants arriving in South Eastman from overseas since 1996 now represent 7% or one in fourteen residents; the corresponding Manitoba figure is 4%. While recent immigrants have settled in all parts of South Eastman, the majority (63%) reside in our Central District and another 23% in our Northern District.
However, health care funding has not kept pace with the region's population growth. In 1999-2000, per capita funding to South Eastman RHA stood at 46.5% of the provincial average and 67.3% of the rural/northern average. In 2009-10, South Eastman's per capita funding further decreased to 44.7% of the provincial average and 65.8% of the rural/northern average, due to the consistent population growth of 27% over the last ten years. This represents an annual funding gap in the range of $35 million or $ 500 dollars per person.

Such dramatic population growth has a direct influence on service delivery volumes and the resources required to address those volumes. Statistical indicators of volume trends include annual increases such as:

- Home Care average number of monthly clients (1,109) 1.5%
- EMS transport primary (4873) 10%
- EMS inter-facility transports 38 %
- Diagnostic procedures (556,976) 20%
- Births/newborn in-patient days (493 births) 5%
- Births (repatriated) to South Eastman over 500
- ER visits 26% at Bethesda, overall 21.50%
- OR visits (2,795) (4%)
- Mental Health average monthly caseload 13 %
- Primary care contacts 71.5%
- Midwifery contacts (156) 11.3%
- Health living total contacts (2,369) 88 %

These volume increases have required the hiring of approximately 30 new full-time equivalent health service professionals and support staff annually. Our rapid growth has resulted in both a space crunch and an infrastructure gap that requires investments for facilities, equipment and information systems. These are the unavoidable consequences of servicing a growing population.

Source: Finance Department – RHA

South Eastman Health/Sante Sud-Est Inc. continues to be funded well below the Provincial average.

OUR SERVICES

South Eastman Health/Santé Sud-Est Inc. provides specialized community and acute care health services in Southeastern Manitoba.

Acute Care Services

There are four hospitals within the region where residents have access to a wide range of acute care as well as specialized services.

Bethesda Hospital/Bethesda Place (Steinbach)

- Emergency
- Surgical Care
- Long Term Care
- Medicine
- Nurse-Managed Care
- Cancer Care
- Obstetrics
- Cardiac Care Unit
- Rehabilitation Unit
- Physiotherapy
- Occupational Therapy
- Speech Language Pathology
- Children's Therapy Initiative
- Lab & Diagnostics
- Palliative Care
- Telehealth
- Spiritual Care
- Audiology

DeSalaberry District Health Centre (St. Pierre-Jolys)

- Emergency
- Medicine
- Nurse-Managed Care
- Long Term Care
- Palliative Care
- Lab & Diagnostics
- Physiotherapy
- Occupational Therapy
- Spiritual Care

Hôpital Ste- Anne Hospital

- Emergency
- Surgical Care
- Obstetrics
- Medicine
- Palliative Care
- Lab & Diagnostics
- Physiotherapy
- Occupational Therapy
- Spiritual Care

Vita & District Health Centre

- Emergency
- Medicine
- Nurse-Managed Care
- Physiotherapy
- Occupational Therapy
- Long Term Care
- Palliative Care
- Lab & Diagnostics
- Spiritual Care

Community Services

Community-delivered services are a vital component of an integrated health care system. The RHA provides the following services through its seven community health offices, two primary health care centres, five emergency medical stations, three community health resource centres as well as its midwifery unit.

- Community Cancer Care
- Diagnostic
- Emergency Medical Services
- Home Care
- Long Term Care
- Mental Health
- Midwifery
- Palliative Care
- Primary Health Care
- Public Health
- Services to Seniors
- Telehealth

Corporate Services

- The corporate offices are located in La Broquerie, adjacent to the La Broquerie Health Resource Centre. Centralized services such as Communication and French Language Services, Finance, Payroll/Audit, Human Resources, Quality, Planning, Patient Safety and Risk Management are directed out of the corporate offices. Additional support services are also essential to organization, such as Emergency Preparedness, Information Systems, and Materials Management and these services are located at other sites.
- Our organization will be undergoing adjustments as the Chief Executive Officer, Monique Veilfaure-Mackenzie, of the last six years tendered her resignation, in February of 2011 and effective May 31, 2011. A new CEO, John Stinson, has been named effective June 2011.

OUR FACILITIES

The RHA operates four acute care hospitals (129 beds), two primary health care centres, and three personal care homes (126 beds). In addition to these facilities, there are three long term care facilities operating under service purchase agreements and one privately operated personal care home (208 beds). The RHA also operates seven community services facilities, as well as a midwifery unit and works collaboratively with three communities for services provided through health resource centres.

Hospitals

- Bethesda Hospital (Steinbach)
- DeSalaberry District Health Centre (St. Pierre-Jolys)
- Hôpital Ste-Anne Hospital
- Vita & District Health Centre

Personal Care Homes

- Bethesda Place (Steinbach)
- Repos Jolys (St. Pierre)
- Vita Personal Care Home (Vita)

Personal Care Homes - Contract

- Menno Home for the Aged (Grunthal)
- Rest Haven Nursing Home (Steinbach)
- Villa Youville (Ste. Anne)

Personal Care Homes – Privately Owned

- St. Adolphe Personal Care Home

Primary Health Care Centres

- East Borderland Primary Health Care Centre (Sprague)
- Niverville Primary Health Care Centre

The following services are available at these locations:

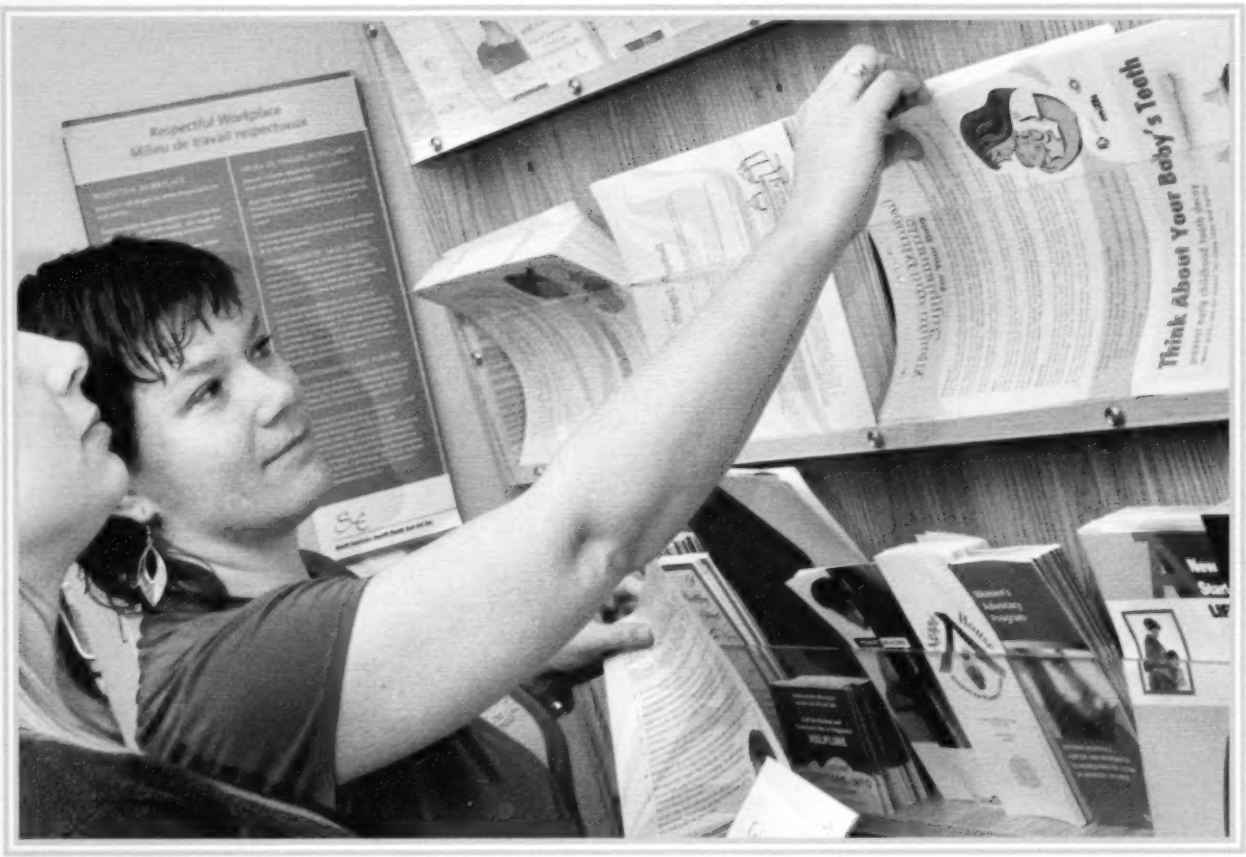
Mental Health	*Home Care*	*Public Health*	*Physician Services*
Dietician	*Nurse Practitioner*	*Chronic Disease Management*	*Laboratory Services*

Community Services Locations

- Dominion City
- Lorette
- St. Adolphe
- Ste. Anne
- St. Pierre
- Steinbach
  - Clearspring Mall
  - 365 Reimer Avenue
- Vita

Community Health Resource Centres

- Coin Santé/Health Corner (St. Pierre)
- Centre de bien-être Sainte-Agathe
- Centre de bien-être La Broquerie



FACTORS THAT INFLUENCE HEALTH OUTCOMES

Education

Higher education levels increase the likelihood of obtaining higher wage employment, accessing high quality health care and living a healthy lifestyle.

As in rural Manitoba generally, education levels are noticeably lower in South Eastman than in Winnipeg. More than 52% of residents age 15-24 lack a high school certificate compared to 48% province wide; 50% of residents age 25- 64 lack a high school certificate compared to 38% province wide; and 61 % of those age 65 + lack high school certificate compared to 46% province wide. There are marked differences across districts.

Income and Socioeconomic Status

Poverty and low household income are associated with a broad range of adverse health outcomes such as reduced life expectancies, death due to violence and chronic diseases. As well, poverty increases the likelihood of a person using tobacco or drugs, being overweight or obese, and not having health insurance.

While the percentage of South Eastman families living under the official low income cut off point fell below the Manitoba averages in 2005, some 7% or 1,100 families reported official low income level. These included 24% lone parent families headed by women and 16% lone parent families headed by men. Further, there were 3% of residents aged 65^{+} who reported living below the low income cut off and 8% of children under age six were members of very low income families.

Injury Rate

Injuries are the leading cause of disability and premature death, and result in substantial economic loss to society and individuals. Injuries include both unintentional (accidents caused by falls, motor vehicle accidents, fires, suffocation/submersion) and intentional (suicide, homicide, injuries inflicted by others).

The leading cause of hospitalizations or death in South Eastman is accidental falls for both males and females and this is true for all of Manitoba according to the Manitoba Centre for Health Policy. The second leading cause is motor vehicle accidents.

South Eastman Health/Santé Sud-Est Inc. has shown a trend over the last 20 years (ending in 2005) of decreasing hospitalizations and death related to injuries. Geographically, South Eastman residents are less likely to be hospitalized or die from injury. Groups less likely to be injured include:

- being younger females or older males;
- being a resident of a higher income; and
- not having physical or mental problems.

The RHA engages in public awareness campaigns and educational sessions on injury prevention.

Infant Mortality

Infant mortality is a well established measure of child health and of society's well-being. It measures the number of deaths of children under the age of one. Research shows that infants born with low birth weight or pre-term have a higher risk of infant death. Several factors affect infant mortality such as socioeconomic status, lifestyle behaviours, prenatal care and access to medical care. The Manitoba Child Health Atlas 2008 reports infant mortality rates for two time periods 1996-2000 and 2001-2005. According to the results, when very fragile infants were excluded from the data, there was a significant decrease in infant mortality across the Southern area of the province including the South Eastman region.

Health Behaviours - Risk Factors for Chronic Illness

Smoking Cigarettes

Smoking is the most significant cause of preventable illness, disability, and premature death in Canada, leading to heart disease, circulatory disease, cancers, chronic lung disease, and digestive problems. In South Eastman, 21% of residents age 12 and over are current smokers, although another 41% are former smokers who have managed to quit. The Canadian Community Health Survey 2001 reported levels of current smoking in the South Eastman population at 18% for women and 25% for men, lower than the respective provincial figures of 25% and 29%. The community health assessment for 2008-2009 reports that 15% of South Eastman residents are exposed to second hand smoke at home which is on par with the provincial average. The South Eastman Youth Health Survey Report from June 2009 indicates that student (Grade 9 – 12) smoking rates are 22% for males and 17% for females; however, 42% of male student smokers and 47% of female student smokers have plans to quit smoking in the future. 62% of students indicated that their school has a clear set of rules about smoking for students.

Overweight and Obesity

Canada has one of the highest obesity rates in the world. Among children and youth, the obesity rate has risen three-fold in 30 years. Overweight and obesity put people at risk for a wide range of chronic health problems, including high blood pressure, heart disease, diabetes, some cancers, as well as mental health problems like low self-esteem and depression. For obese children and youth, these problems may develop early in life. Twenty per cent of South Eastman youth age 12-19 are overweight or obese. In the age group 18+, 38% are overweight and 21% are considered obese. These are comparable to the Manitoba averages of 35% and 21% (Canadian Community Health Survey 2001- 2005 cycles).

Physical Activity

Regular physical activity greatly reduces the risks of heart disease, diabetes, obesity, osteoporosis, and arthritis. The CCHS created an index to calculate the total energy expenditure levels for the age group 15-75, based on physical activity undertaken during work-time and leisure-time activities during the past three months. In South Eastman, 30% of residents age 15-75 are considered active which matches the overall levels for Manitoba. Further, in Manitoba 37% self rated as inactive and in South Eastman 35% rated themselves as inactive. The Youth Health Survey Report for South Eastman Health (June 2009) indicates that 46% of students (Grade 9 – 12) are active and 33% are moderately active. A further 21% of students are physically inactive. With *StartFresh!* funding, 35

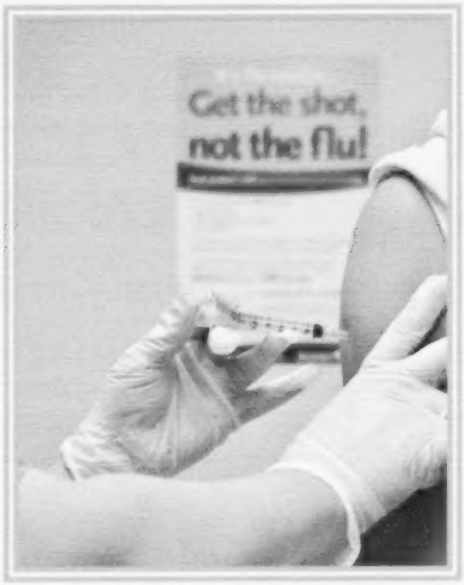
individual grants were awarded for programming across the region. These projects ranged in scope from improvements to playgrounds to support for seniors craft groups but most involved some type of physical activity. All four districts received funding from 9,000 to 28,000 for a total of 84,000 dollars.

Prevention

Flu Shots

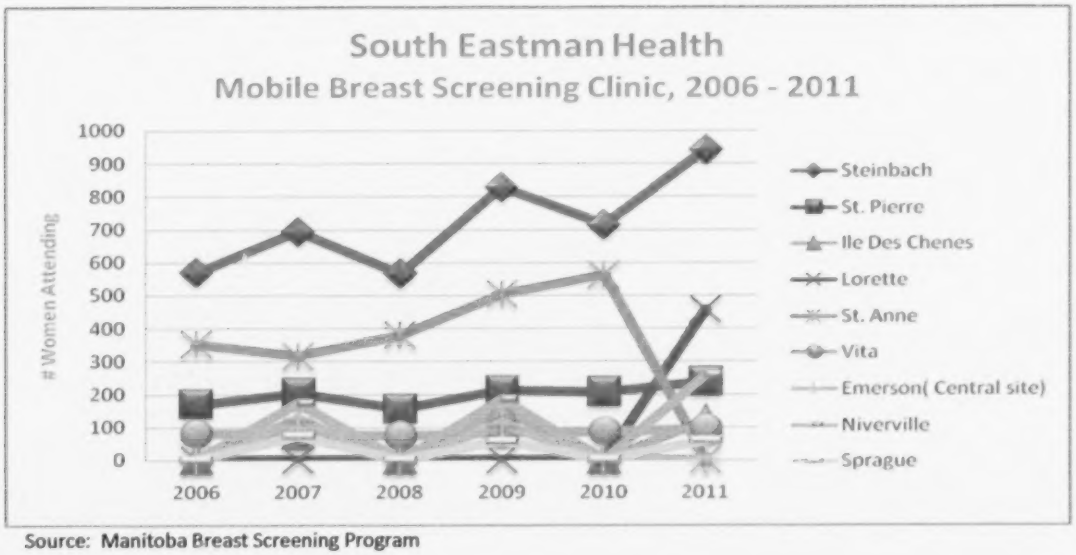
Annual immunization against influenza protects groups at high risk for the serious complications of this common illness, including young children, people aged 65 and older, and people with chronic illnesses.

Only 60% of South Eastman residents age 65+ have a flu shot each year. A flu survey was conducted in the region with individuals getting the flu shot. The survey was designed to gather information on how they heard about the flu shot campaign and what avenues of communication were most effective. Most respondents indicated that the use of newspaper and radio advertisement was effective. This information will be incorporated into the planning for 2011-2012 flu campaign to reach more people.



Screening

Cervical cancer (Pap) screening and mammography screening are powerful tools in the detection and early treatment of cervical cancer and breast cancer in women. Only 70% of South Eastman women age 18-69 have a Pap test every three years, as recommended. Only 65% of women age 50-69 have a mammogram every two years, as recommended. Many South Eastman women use the Misericordia site in Winnipeg. The mobile breast screening program has been very successful in increasing the percentage of women screened in a variety of locations. The goal is to have over 70 % of the targeted group screened every two years. Overall, South Eastman region is at 61%, with 3,785 women out of a total of 6,221 women screened. Accommodating the mobile breast screening clinic in Ste. Anne was not possible this year. As a result, the increase in attendees at the Lorette location is directly correlated with the decrease at the Ste. Anne site.



Source: Manitoba Breast Screening Program

Smoking Cessation

Recognizing that smoking and second hand smoke exposure are two of the major causes of preventable illness, disability, and premature death, the region's Public Health Healthy Living team drafted and implemented a Tobacco Reduction Strategy. The strategy established goals and objectives in the areas of tobacco prevention, cessation and reduction. Sessions were held across the region in October, November and December in Steinbach and Vita.

Health Service Availability and Accessibility

Marked and steadily increasing population growth over the past decade has presented serious challenges to the availability and accessibility of health services in South Eastman. To meet growing needs across all age groups and planning districts, health services provided by South Eastman Health/Santé Sud-Est Inc. have increased and broadened substantially. Approximately 30 full time equivalent health service professionals and support staff have been hired over the last two years. In addition significant infrastructure investments for facilities, equipment and information systems have been necessary to attempt to keep pace with a rapidly growing region. The community health assessment completed in 2010 highlighted areas of concern within our communities and informed our strategic planning processes.

Approximately 30 full time equivalent health service professionals and support staff have been hired over the last two years.

Significant infrastructure investments for facilities, equipment and information systems have been necessary..

South Eastman Health
Santé Sud-Est

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Vision Statement

To achieve wellness and the best possible health by partnering with individuals, families and communities.

Mission Statement

To pursue our Vision by providing quality health services supported by evidence-based decision making.

Values

INTEGRITY

Our commitment to being transparent and honest with our staff, our partners, and the communities and people that we serve.

SHARED VISION

Working with our staff, partners, and community to ensure that a clear understanding of this vision informs all of our planning and work.

COLLABORATION

Our commitment to teamwork, consultation and two-way communication with our partners and regional communities in order to deliver services in the most effective manner while respecting the different needs and priorities of those with whom we work.

RESPECT

Recognizing the value, equality, resourcefulness and resilience of individuals including staff, volunteers, patients and community members, and are committed to responding with empathy, compassion and respect for community diversity.

PATIENT SAFETY and SERVICE EXCELLENCE

Encouraging all parts of the regional health delivery system to seek creative and innovative solutions to deliver safe, integrated and quality health services while maintaining willingness to change and openness to continuous learning and improvement.

PERFORMANCE ACCOUNTABILITY

Providing a safe, responsive and sustainable health care environment through responsible governance and management practices, prudent stewardship of resources throughout the organization, transparency and good communication, and by demonstrating integrity and ethics in the interactions of the total organization.

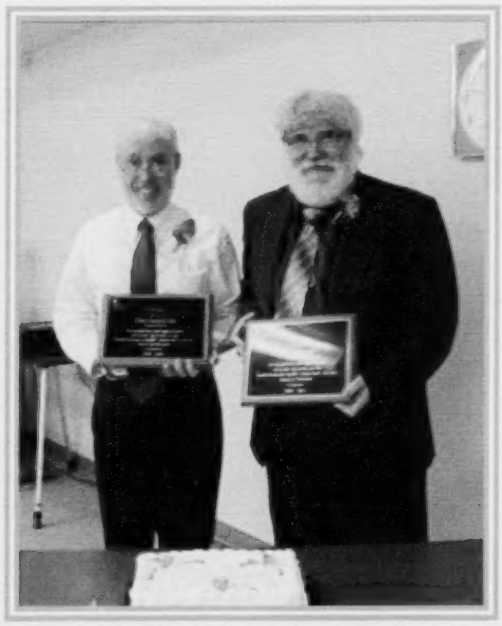
BOARD GOVERNANCE

South Eastman Health/Santé Sud-Est Inc. operates under the direction of a Board of Directors, who are accountable to the Minister of Health. The Board governs in compliance with the legislative authority as outlined in *The Regional Health Authorities Act*. The Board plans and makes decisions in accordance with its Ends Statements and Strategic Priorities, which are reviewed annually, as identified in the five year (2006-2011) Strategic Plan. The Board monitors Board Ends and regularly reviews a variety of reports and scorecards with the Chief Executive Officer to monitor the performance of the Regional Health Authority (RHA). In this past year the Board of Directors reviewed the "Ends" statements and revised the language of the fifth Board End which now states: Residents are supported through advocacy and community collaborations that address the social determinants of health.

The Board oversees the efficient implementation of the health plan, the appropriate allocation of funds, and the maintenance of effective systems of control and legislative compliance by adhering to *The Regional Health Authorities Act* and the associated By-Laws approved by the Ministers of Manitoba Health and of Healthy Living, Youth and Seniors. The following Board Committees are in place to assist it in achieving this:

- Executive/Governance
- Finance/Audit

There is Board representation on the Regional Risk Management Committee, the Regional Ethics Committee, and a Board Liaison on each District Health Advisory Council (DHAC) as well as the Providers and Partners Advisory Committee (PPAC). The Leadership Network is comprised of the Executive Management of the region as well as the Board Chairs and the Chief Executive Officers of the long term care contract sites.



Outgoing Board members 2009-2010
Chris Summerville (left) and Aurèle Boisvert (right)

The Board participated in the Accreditation processes, completing the Governance Functioning Tool, self assessment questionnaires as well as the interviews with the Accreditation Canada Surveyors in March 2011. The Board conducts a bi-annual self-assessment to evaluate its performance and identify its education requirements. Open Board meetings are on the fourth Thursday of every month (except for July where there is no meeting) with local media attending all Board meetings. Board meeting minutes are available to the public on the RHA website.

Missing: Suzanne Sarrrasin, Line Leclerc, and Ernie Wehrle

2010-2011Board members:

Aurèle Boisvert (Ste. Anne), Chair
(Term ending March 2011)
Anita Funk (Grunthal)
George Sawatzky (Niverville), Secretary-Treasurer
Claude Lemoine (Ste. Agathe)
Christiane Neufeld (Steinbach)
Chris Summerville (Steinbach)
(Term ending March 2011)
Leo Van den Bussche (St. Adolphe)
Line Leclerc (La Broquerie)
Suzanne Ritchot (Ste. Anne)
Suzanne Sarrasin (Lorette)
Paul Campbell (Middlebro)
Jean Balcaen (Richer)
Ron Mihaychuk (Rosa)
Ernie Wehrle (Ste. Anne)
(Resigned May 2010)
Vania Gagnon (Lorette)
(Term ending March 2010)
Bryan Nichols (Dominion City)
(Term ending March 2010)

Board activities

- Actively participated in employee and volunteer appreciation and recognition events, as well as fundraising initiatives coordinated by employees, foundations and auxiliaries such as:

    - The April fundraising event sponsored by the DeSalaberry Foundation.
    - The grand opening of the expanded Mobile Crisis team service hours.
    - Informal staff meetings, providing an opportunity for dialogue on a variety of issues and initiatives in the region.
    - The RHA held its 9th annual Long Service Awards. There were 91 recipients: 55 were recognized for 10 years of loyalty, 32 for 20 and 25 years and 4 for over 30 years!
    - Staff appreciation BBQ's held in Aug and Sept 2010.
    - Mental Health "Out of the Blue/Jasons des Blues" Campaign kickoff at the Steinbach Regional Secondary School on March 3, 2011.
    - Fundraiser for "Out of the Blue/Jasons des Blues" held at the Brass Lantern in Steinbach on March 17, 2011.
    - RHA participation in Cancer Care Manitoba's *ColonCheck Manitoba* provincial initiative by hosting the program.

- Continued to support the RHA's Long Term Care Strategy Report identifying the need for additional personal care home beds and supportive housing in the region.
- Contributed to the development, review and approval of the RHA annual Health Plan.
- April 2010, the Board authorized the rebranding and logo updates for South Eastman Health and thus a new look was released to the corporation for use in promotion materials and publications.
- Participated in Quality and Patient Safety workshop from Canadian Patient Safety Institute and follow up education on Regional Patient Safety in August 2010.

Out of the Blue Campaign Kickoff March 3, 2011

- Provided formal orientation to new Board members and conducted a Board Retreat in September 2010 which focused on Strategic Planning for 2011-2016, and Accreditation. This included a dinner with the Local Business people and Mayors and Reeves from municipalities to facilitate consultations on collaboration with the directions of the RHA.
- At the region's Annual General Meeting in November 2010, the business community of the region was invited to hear Mr. Charles S. Coffey on how important education in the early years is to building the foundation of good health.
- Accepted funding from Rat River Ripper Quilt Guild for computer in Palliative care room at DeSalaberry

Board consultations with the public and stakeholders

The Board values partnerships and appreciates the importance of consultations with key stakeholders, including physicians, nurses and RHA employees. Therefore the Board regularly invites the public and key stakeholders to Board meetings, as well as to other activities. This provides opportunities for interaction, input and active participation as well as for consultation and information sharing.

Board consultations in 2010-11

- Bethesda Wellness Inc. Related to the development of the Crisis Stabilization Unit
- Bethesda Foundation on funding for expansion of Emergency Department
- Mental Health program collaboration with the Steinbach Regional Secondary School regarding the Out of the Blue Campaign
- Consultations with the Ste. Anne Parish to achieve an agreement on the parking lot related to the construction project for the new surgery suite.
- Consultation with Heritage Holdings Inc. of Niverville regarding their proposed Personal Care Home development and the relocation of the St. Adolphe PCH.
- Partnerships with Red River Community College to offer Paramedic training in the region
- Partnered with Manitoba eHealth to implement a voice over internet protocol (VoIP) within South Eastman Health

Funding Announcements

- Nursing position at Bethesda Emergency Department
- Nursing positions at Hôpital Ste-Anne Hospital for Obstetrics.
- Bethesda Foundation ongoing commitment to Bethesda Hospital
- Golf tournament raising $20,000 for vital signs/oxygen equipment for the obstetrics program
- Bethesda Auxiliary donation of $20,000 for a bladder scanner
- Hike for Hospice funds to the Palliative care program to support renovation of the DeSalaberry palliative care suite
- Elevator upgrade Rest Haven
- Funding approved for Chronic Disease Prevention Initiative
- Specialized equipment funding for a total of $275,000
- Vita Foundation funding of $67,000 for blanket warmers, special mattresses, upgrade to nursing desk and new cabinetry for the resident lounge area as well as big screen TV's for the resident lounge.
- Vita Hospital Guild funding of $16,100 for items in the Vita PCH
- MB health safety and security projects funded for a total of $1,452,000 including: New crew quarters for EMS staff at Vita, new elevator for Rest Haven PCH, completion of the floor and painting project at Vita, electrical upgrade at Menno Home, completion of an upgrade in the pharmacy department at Bethesda Hospital.
- MB Health small projects funding for telephone replacement for a total of $122,000
- New ambulances for St Pierre, Ste. Anne, and Steinbach

ADVISORY STRUCTURE

The Chief Executive Officer, reporting to the Board of Directors, ensures efficient and effective management and delivery of health services within the South Eastman region. The Chief Executive Officer works with the Executive Management Committee and a Regional Management Team to reach the goals identified by the Board.

Program and Facility Managers are responsible for administering regional health programs and services including: acute care, long term care, public health, primary health care, mental health, home care, emergency medical services and diagnostic services. The majority of corporate functions (human resources, finance, communications, French language services, infection control, patient safety, quality risk and planning, materials management, construction, and information technology) are centralized for competent and efficient use of resources.

For health planning purposes, the region is divided into four districts: Western, Northern, Central, and Southern. The RHA has one District Health Advisory Council for each district. There is one Providers and Partners Advisory Committee and a Medical Advisory Committee for the region. The RHA Board of Directors held two joint Board meetings in 2010-2011 with the District Health Advisory Councils and the Provider and Partner Advisory Committee, providing a forum for consultations and dialogue.

The structure and functions of the Advisory Councils was reviewed early in 2009. The structure of the councils remained unchanged; however, the means by which advice is provided to the Board was articulated and clarified. The Board provides the councils with specific questions related to the topics of interest and the Community Facilitator leads discussions, gathers feedback and collaboratively writes a report in response to the questions for the Board to review. The Board then takes this advice under consideration, implementing where possible and reporting back to the Councils on actions taken.

In the fiscal year 2010-2011 two consultative initiatives were under taken:

- In May 2010 a report capturing the district health advisory and provider and partner committee feedback on the issue of communications was presented to the Board. These groups had been asked to discuss two central questions which were formulated out of the Community Health assessment process. The essential questions were:
    1. What information did the communities need or want from the RHA?
    2. What were the methods that the community found effective for communications?

  The results were compiled into a report to the Board for their consideration and used in planning for the region.

- In the fall of 2010 a second set of questions were put to these groups. This was a focused discussion on the utilization of the regional emergency services and the concepts of an urgent care model. Again the communities were fully engaged and provided a report to the Board in February of 2011 detailing their thoughts and recommendations regarding the emergency department program in South Eastman. The Board welcomed the community perspectives as planning continues on the direction of the emergency department program. Both of these reports are available on-line for the community at large to review.

District Health Advisory Councils (established in 1997 revised 2009)

Members of District Health Advisory Councils (DHAC) have an interest in the health of their communities. District Health Advisory Council members provide information and feedback to the Board on selected questions as well as adding their voice to planning for their district. As well, they help the Board communicate its policies and activities to their communities. District Health Advisory Councils may initiate local projects. These projects focus on informing the communities and promoting health within a district or throughout the regional population. One RHA employee and one Board member are appointed to each District Health Advisory Councils to act as liaisons.

Providers and Partners Advisory Committee (established in 1997 revised 2009)

The Providers and Partners Advisory Committee (PPAC) facilitates communication between the RHA Board and health care providers, as well as advocating for improved health for all members of the community. The PPAC actively participates in the discussions of the questions submitted to the DHACs. It may also identify local needs and makes the RHA Board aware of health care provider opinions relevant to decision-making and planning. One RHA employee and Board member are also appointed to the Provider and Partner Advisory Committee to act as liaisons.

Providers and Partners Advisory Committee
Left to right: Nicole Lafrèniere, Matthew Predinchuk, Lothar Dueck, Carole Lavack, Trish Braun, Suzanne Ritchot, Gertrud Kropp

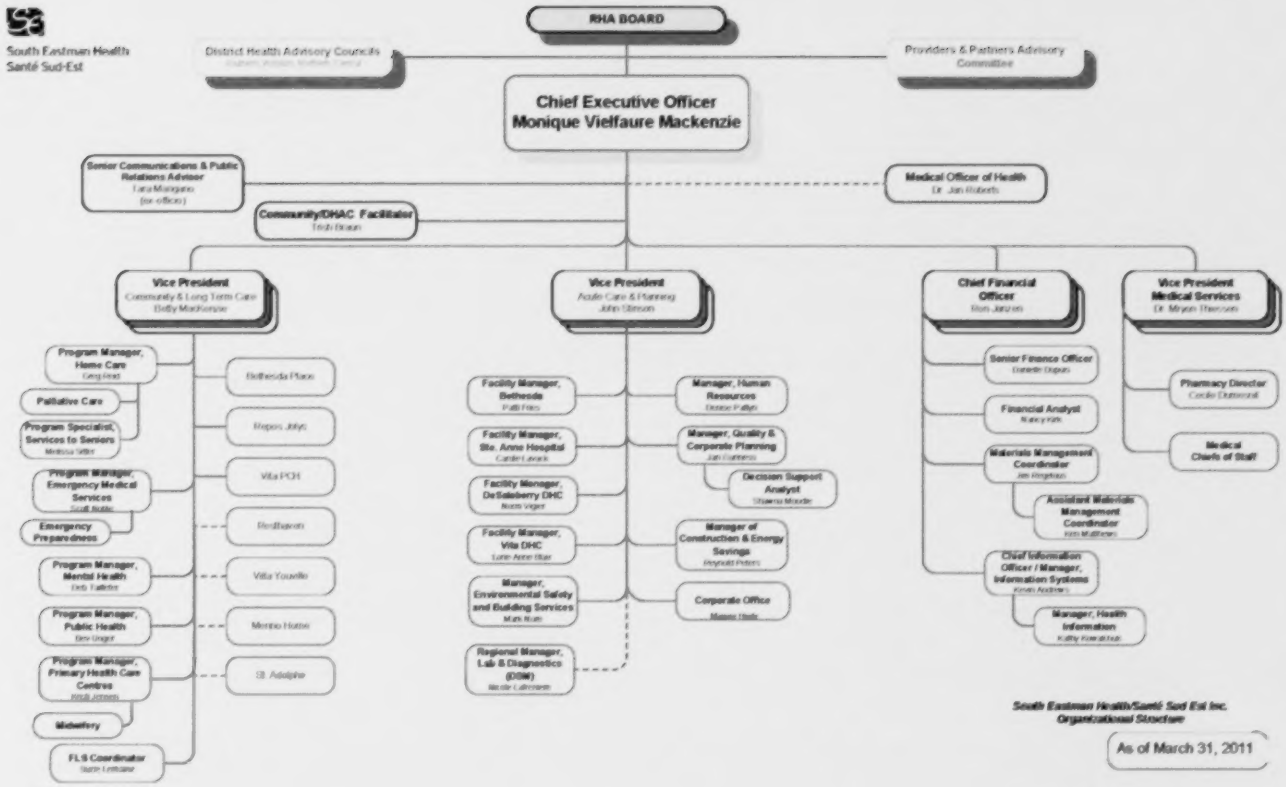
Medical Advisory Committee (established in 1997)

The regional Medical Advisory Committee (MAC) membership consists of the Vice President of Medical Services, a chief of staff from each of the four acute care facilities, a midwife, a surgeon, and the Vice President of Acute Care and Planning. The Medical Advisory Committee meetings are held on a monthly basis except in July and August. The purpose of the Medical Advisory Committee is to make recommendations to the Board on medical matters, policies, rules, procedures, codes of conduct, as well as recommend physician appointments and privileges.

Mental Health Advisory Council (established in April 2007)

The Mental Health Advisory Council provides advice and feedback to RHA management from the perspective of mental health consumers, family members and other support persons. Its membership includes individuals with lived experience of mental health problems, family members or other support persons as well as two employees from the RHA Mental Health program. Over the past year, the Council has provided astute advice for the regional Mental Health program related to the mental health strategic priority identified in the South Eastman Health 2011-2016 strategic plan. Additionally, the Council has been actively engaged in the development of the recently released Provincial Mental Health Strategic plan, *"Rising to the Challenge"*. These two plans are the cornerstone of work that demonstrates that in the mental health field, having consumer input is valued and essential in planning and service delivery.

Members of the Southeast Suicide Prevention Committee and other Out of the Blue/Jasons des Blues champions



Staff changes in 2010-2011:

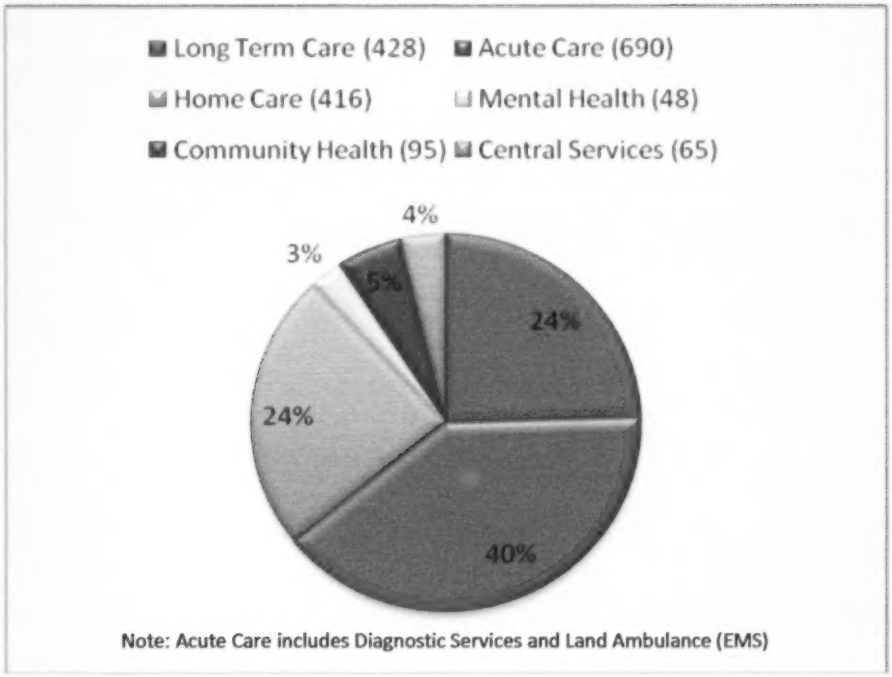
- Retirement of Senior Financial Officer June 2010
- Retirement of Senior Financial Analyst Dec 2010
- Resignation of Chief Executive Officer tendered February, 2011 effective May 31, 2011
- Resignation of Senior Communications Officer tendered March 2011-07-11 effective May 14 2011
- Vita & District Health Centre Manager

New Positions added or revised in 2010-2011:

- Part time Physician Recruitment Officer

FINANCE POSITIONS

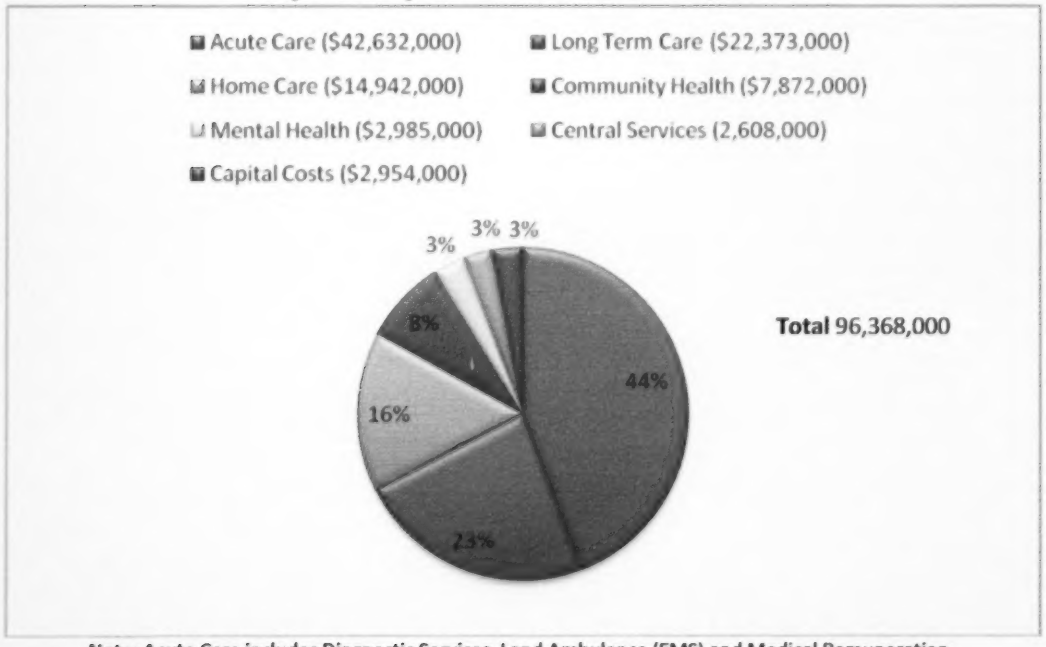
# of Employees by Sector



Note: Acute Care includes Diagnostic Services and Land Ambulance (EMS)

Source: South Eastman Human Resources

South Eastman Health/Santé Sud-Est Inc.
Expenses by Sector as at March 31,2011



Note: Acute Care includes Diagnostic Services, Land Ambulance (EMS) and Medical Remuneration

Source: South Eastman Health Finance

FRENCH LANGUAGE SERVICES

As a designated bilingual Health Authority, South Eastman Health/Santé Sud-Est strives to offer health services in both official languages.

The South Eastman Health Regional French Language Services Committee (FLS Committee), in collaboration with the regional round table (*Table de concertation Sud-Est*), the *Conseil communauté en santé* and the Francophone Affairs Secretariat developed the South Eastman Health French Language Services Strategic Action Plan for 2011-2016. It outlines the strategies and means by which the RHA will ensure that health services are offered and accessible in both official languages to the residents of the South Eastman region. The overall objective of this new plan is to embrace current active offer assets and to build a foundation to ensure we can thrive as a bilingual organization into the future.

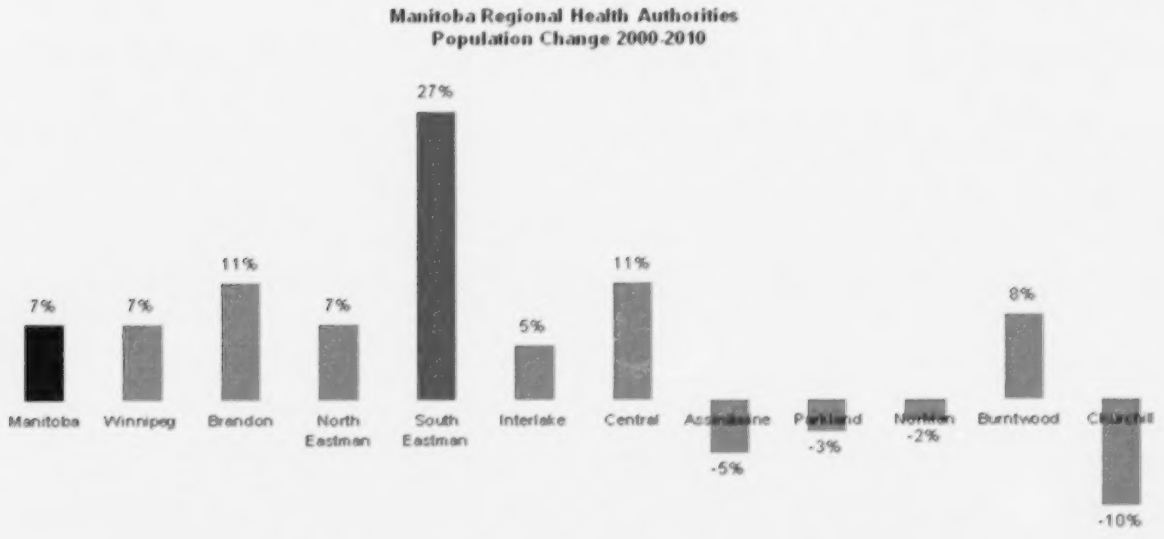
To ensure access and quality, publications and information continue to be bilingual and we continuously improve our active offer practices. Noteworthy are a fully bilingual annual flu campaign, website overhaul in both official languages, bilingual radio and print ads and all manner of publications including an innovative regional hospital patient information handbook.

South Eastman Health/Santé Sud-Est has collaborated on a number of surveys, research and enquiries regarding the local bilingual population, French language training services, FLS in general and bilingual service providers/health professionals. These surveys include those conducted by Santé en français, Conseil communauté en santé and Collège univesitaire de Saint-Boniface. We've also collaborated on reviewing the role and responsibilities of the regional round table. FLS Committee terms of reference and regional policies have continued to be reviewed and revised as well. Internally, all employees were surveyed regarding language training opportunities: their interest and challenges to guide future planning.

RESULTS AT A GLANCE

South Eastman Health's second 5 year Strategic Plan, concluding in March 2011, identified twelve priorities to be addressed over the five year span of 2006-2011. Each of the priorities had a number of action items and goals to achieve with performance measures defined. The current annual report is focused on the last year of this strategic plan, 2010-2011. The priorities of attention were population growth, long term care, quality, human resources, acute care and primary health care.

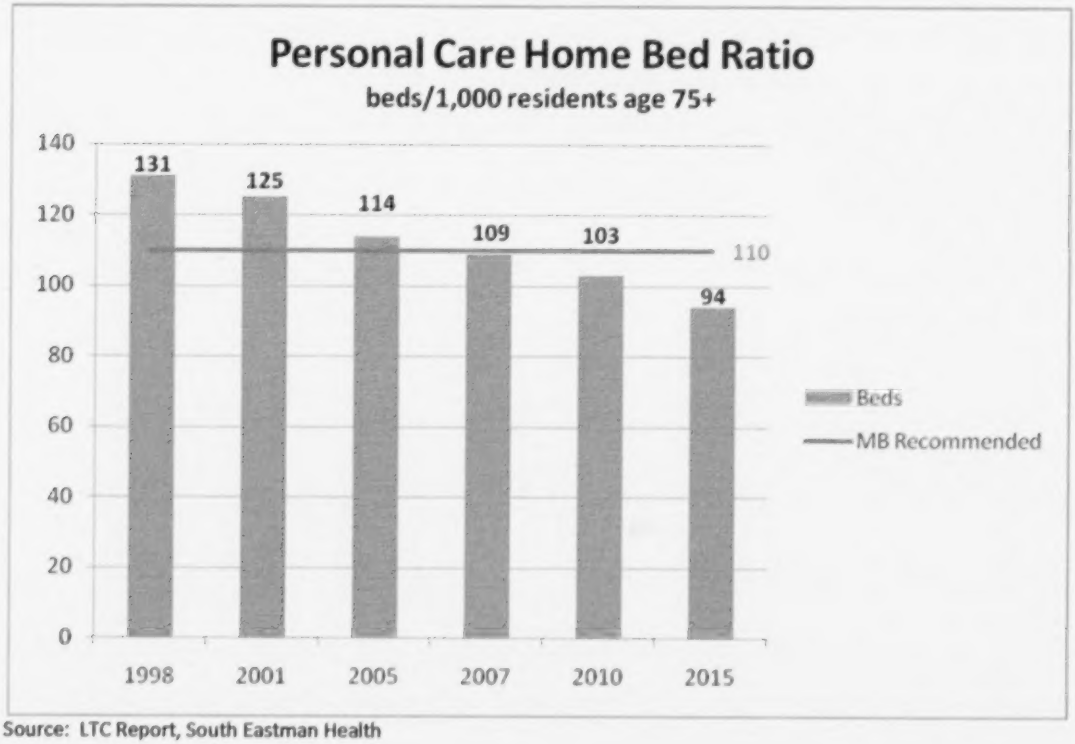
The story of South Eastman continues to be consistent and significant population growth within the region. Typically, when population growth is spoken about one might think that this happens in one segment or another of the population of a region. This is not true in SEH/SSE. Across the age groups and across the districts there are consistent population increases. In fact, as stated earlier, our population continues to grow at a 2% annual rate. We currently have experienced a 27% increase in population since 2000 which is significantly higher than the rest of Manitoba including Winnipeg. The pressure to provide responsive, effective and efficient care to the constituents of the South Eastman region has driven innovation and changes to services to better achieve our vision of achieving wellness and the best possible health by partnering with individuals, families and communities. Our funding remains a challenge as SEH/SSE is one of the lowest funded regions per capita.



Source: Manitoba Health, June 2000-2010

Long Term Care

One of the areas of attention has been the impending silver tsunami or baby boomers. There has been growing recognition of the need for programs to support seniors to live in the community as long as possible. This requires attention to elderly persons care and the SEH organization has been diligently studying the long term care program for opportunities to address the increasing needs of the elderly population. Currently, the Personal Care Home Program has 334 beds spread across seven sites. The number of beds has not changed since regionalization in 1997.



Source: LTC Report, South Eastman Health

Significant wait times for access to a long term care placement as well as challenges with providing settings conducive to the residents needs has brought about discussions with our partners in long term care provision. These discussions have actively engaged the affiliate long term care contract sites in how to meet future needs for not only individuals requiring personal care home beds but also supportive housing and assisted living arrangements. Menno Home for the Aged opened an additional 12 supportive housing beds in 2010. Haven Group (Rest Haven) has been exploring expansion plans and the St. Adolphe Nursing Home now under the auspices of the Niverville Heritage Holdings Inc. have proposals into Manitoba Health for consideration for expansion (recently announced).

One of the most active groups in championing elderly persons housing is the East Borderland Community Housing committee, which has been working diligently over the last many years to bring elderly persons housing to the Southern District. Sod was turned for a 15 unit EPH in October. SEH/SSE is a partner with the EBCHC to assist in achieving the vision of a full continuum of care and continues to be committed to bringing supportive housing and personal care home beds to the area. In addition, the Villa Youville Inc has been given approval to demolish the old Personal Care Home and build a 24 suite supportive housing complex in its stead.

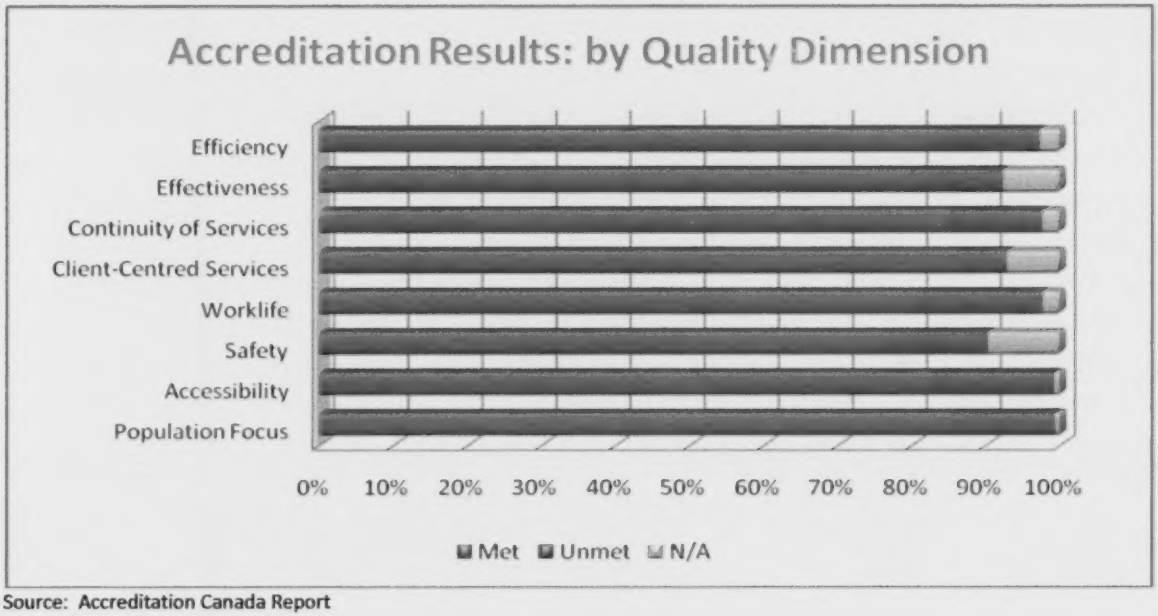
There is no question that this area of service delivery will continue to be a focus for SEH/SSE as well as an area of challenges. The wait times for access to seniors care options influences hospital length of stay as well as management of community resources such as Home Care. Indicators of accessibility such as wait times, length of

stay as well as indicators of satisfaction with services within the programs will continue to be monitored. Further, a focus within the next five year strategic plan on meeting the needs of vulnerable populations as well as the aging population has been established. With this in mind, SEH completed a long term care report with several recommendations. These recommendations have action plans developed and working groups assigned to follow up on the recommendations. There will be annual progress reports to the Board.

Quality/Accreditation

In March 2011, South Eastman Health received 5 surveyors from all over Canada. This group's mission was to determine how well SEH/SSE was meeting national standards determined by Accreditation Canada. Their strategy was to reach into and across our services and talk to as many different people, groups, and disciplines as possible. Their findings were released to us in April 2011 and SEH/SSE achieved Accreditation with Conditions for the next three years.

Quality Improvement within the organization is a continuous process, with over 13 teams of between 10 and 15 staff engaged in monitoring, reporting and evaluating processes and procedures to make changes to deliver high quality care and implement best practices. There are over 2000 individual standards that the organization was held accountable for and we achieved an 86% compliance rate across all sets of standards.



Source: Accreditation Canada Report

Each program and facility has improvement goals and all employees are dedicated to quality improvement. The quality teams are comprised of frontline staff, managers, physicians and senior executives. Each program, service and facility has representation on the Quality Council of SEH. The council is responsible for monitoring quality of services, continuity across services and looking for opportunities for improvements in how we deliver care to our constituents. The organization reports quarterly on quality indicators across eight quality dimensions to the Board of Directors. The balanced scorecards are posted internally to the organization and are available within each site on the Quality/Patient safety bulletin boards.

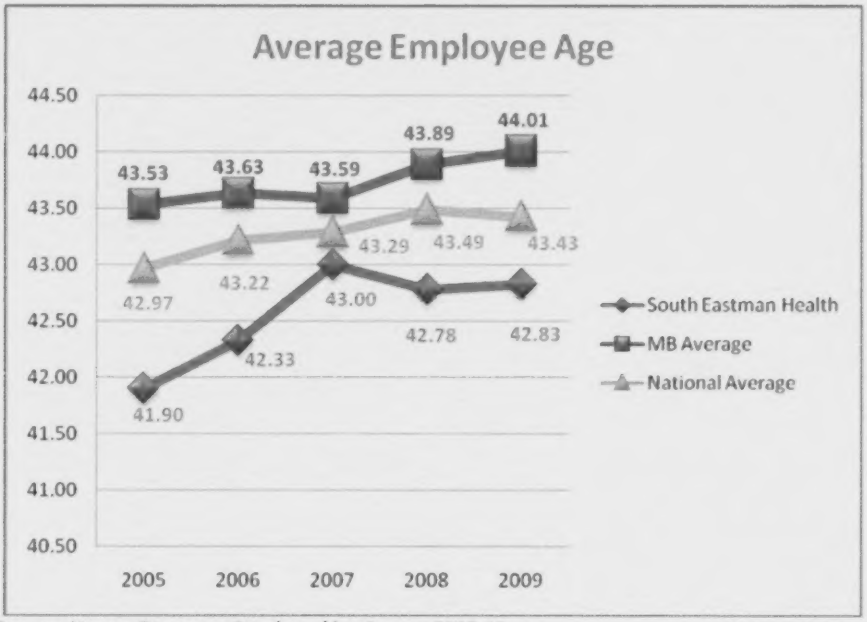
The challenges with a quality program are to have dedicated resources to implement changes to increase patient safety and develop quality improvement programs. Quality is more than meeting standards; it is the process of proactively addressing potential risks as well as looking for ways to improve our service delivery. One of the ways that SEH/SSE gathers information about quality improvement opportunities is through surveys of our patients/residents/clients. The survey data is analyzed and interpret resulting in implementation of meaningful changes. SEH/SSE has completed survey work in Mental Health, Long Term Care, Emergency Departments and the Palliative care programs. The results are overall very positive and we are pursuing a regional survey approach with the introduction of a "tell us how we did" survey through our acute care centres initially. This was launched in March 2011, along with the information booklet on services in our acute care centres which was identified in the communications feedback from the district health advisory councils.

The South Eastman Health Quality Council, with representatives from each program, specialized service and facility

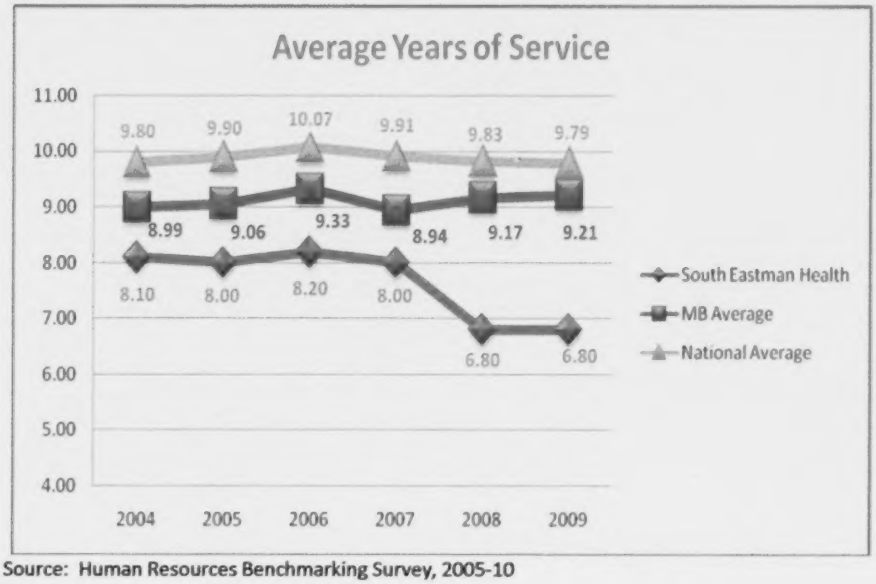
In this past fiscal year 12 staff took part in the LEAN education opportunities offered through Manitoba Health and two projects are currently underway using the LEAN methodology continuing to grow the continuous improvement philosophy within the organization. In the future the organization is expecting to engage with Manitoba Health to further our education and strengthen our LEAN approaches to quality improvement.

Human Resources

As with all areas, the baby boomer generation brings impending retirements. The average age of our employees is between 40 and 45 and average length of service is just over 6 years. Currently, 118 of 1459 employees (2010) are eligible to retire and it goes without saying that this would have a significant effect on our staffing patterns.

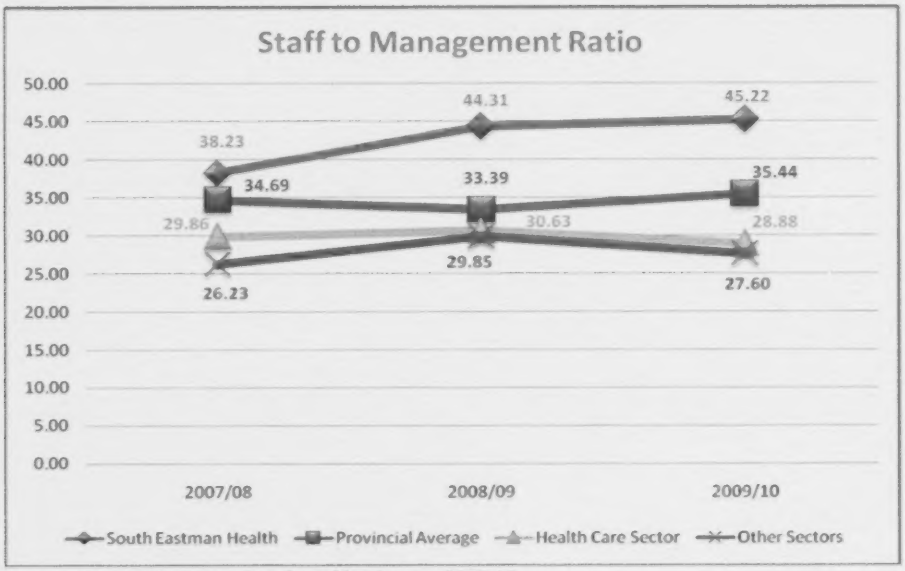


Source: Human Resources Benchmarking Survey, 2005-10



Source: Human Resources Benchmarking Survey, 2005-10

The rapid growth of the region has fuelled the addition of frontline staff to meet the growing needs of the population. Currently, there are 78 non-union positions; 94.6% (1,381) are frontline staff. With staff to management ratios in South Eastman are higher compared to other sectors. The accreditation visit highlighted areas of concern related to performance evaluations and support for ongoing supervision. The accreditation process included two staff surveys; one on attitudes about patient safety and the other on work life satisfaction. Both surveys reflected overall satisfaction working for South Eastman Health and that the staff felt safe in the workplace as well as encouraged to report concerns. While these results are encouraging, there is always work to do to ensure that staff are given opportunities to excel at their work.



Source: Human Resources Benchmarking Survey, 2005-10

The Human Resources department in 2010- 2011 was engaged in the process of formulating a strategic plan for the organization to compliment the organizational strategic plan of 2011-2016. The HR plan details the need for a focus on succession planning as well as areas of recruitment, training, and performance reviews. These areas were also identified by the accreditation surveyors in March 2011. The Human Resources plan was finalized and approved by the Board in March 2011.

Primary Health Care

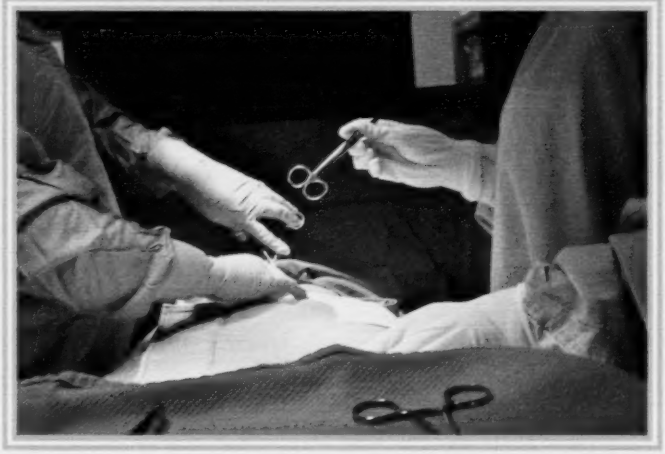
The region has been moving toward increased integration of care providers in a primary health care model of care delivery. The premise of primary health care is to use a team approach to provide care and work with the individual, family and/or community to achieve the best health possible. Two nurse practitioners (NP) were successfully recruited to join the Niverville Primary Health Care Centre (NPHCC) and the DeSalaberry & District Health Centre team. The NP's work collaboratively with the fee-for-service physicians at the Niverville Medical Clinic, and are core members of the Primary Health Care team. The NP's provide primary services to female patients at the East Borderland Primary Health Care Centre. The DeSalaberry NP also works collaboratively with the medical clinic staff and leads the clinical collaborative practice team.

Building on the Primary Health Care Framework created in 2008, the Chronic Disease Management Team, consisting of Chronic Disease Management Nurses, Dieticians, and Primary Health Care Nurses collaborated to address chronic conditions such as diabetes, hypertension, heart disease and respiratory illnesses. The framework was also used to expand services to a third location.

The South Eastman Health Centre – Clearspring was opened at Clearspring Mall in 2010. The team is comprised of Chronic Disease Management nurses and dietician, midwifery, mental health staff and a physician. A Primary Care Centre in Steinbach continues to be a health plan priority. Building on the results of the 2008-2009 feasibility study conducted by Meyers, Norris, Penny that examined options for integrated health services provided by South Eastman Health/Santé Sud-Est Inc. and Steinbach Family Medical Centre, it became clear to the Board and Executive Management that South Eastman Health needs an integrated Primary Care Centre in Steinbach, to increase patient access to care, help reduce inappropriate Emergency Room visits and help recruit physicians and other health professionals to the region.

Acute Care Services

The rapid growth in the South Eastman Region has fuelled the need for expanding the infrastructure at two of the four Acute Care Centers. The Emergency Department conversion at Bethesda Hospital continued with the planning processes in 2010-2011. The budget reviews are complete and the planning for the alternate site for the Emergency Department during construction has been finalized. The planning for the Hôpital Ste-Anne Hospital surgical suite conversion was tendered in March 2011 and the contract was awarded in June 2011. The challenges for both of these major capital projects have been to work through the processes required to achieve the undertaking of construction. The future challenges of these two significant major capital projects will be to bring them to conclusion on time and within budget.



The aging infrastructure of our regional general hospital in Steinbach continues to present challenges to the regional surgery program and planning is ongoing. Surgical procedure numbers are consistent with previous years at over 1600 and infection rates remain very low.

Acute Care Services have also been challenged with physician recruitment and maintaining physician services for our unassigned patients. The addition of a part time physician recruitment officer has facilitated increased communication and support of the physician complement at all of our acute care sites.

The growth in births in the region has stretched our acute care resources to the maximum both in our hospitals and in our midwifery program. We had over 490 births in region and an additional 500 births occurred outside of the region. The ongoing health care services for these new arrivals fall to South Eastman Health resources. We have also been evaluating the introduction of epidural service which would likely have some of the 500 births repatriating to the regional obstetric program. Our challenge is ensuring a complement of anaesthesia services to support the epidural services.

STRATEGIC PRIORITIES: 2006-2011

While the region identified 12 priorities for the strategic plan of 2006-2011, focusing on one area versus another was necessary to accomplish the ambitious goals. For the fiscal year 2009-2010, the main focus was on the following priorities: Population Growth, Long Term Care, Primary Health Care, and Human Resources. As we move forward with the development of the next five year strategic plan for 2011-2016, many of the priorities will carry forward. For instance as one of the fastest growing areas of the province, population growth will continue to challenge the allocation of resources, both fiscal and human. The attention to Mental Health needs across the region and the establishment of a Crisis Stabilization Unit (CSU) in Steinbach will continue to be pursued. The Capital Projects in the Acute Care portfolio will also continue into the next five year strategic plan.

Performance Results 2010-2011

South Eastman Health/Santé Sud-Est Inc. had developed a comprehensive five year Strategic Plan whereby twelve priority areas were systematically identified to support Manitoba Health and Healthy Living goals for delivery of services in the regional health authorities. The Strategic Plan provides the foundation for measuring progress toward achieving these goals, and planning for future challenges and new objectives. The RHA has identified actions, outcomes and targets for each of its twelve strategic priorities over the course of its implementation. The focus of 2010-11 was primarily priorities #1, #3, #4, and #12, as well as work continued in each of the other eight priorities.

The RHA continues to address the distinct needs and challenges of its diverse population (i.e.: new immigrants, above average increasing aging population) and employee recruitment issues, as well as unique district concerns, which can present significant challenges and funding implications.

The next year, 2011-2012, will see the start of the implementation of the five year (2011-2016) strategic plan.

The five year Strategic Plan (2006-2011) of South Eastman Health/Santé Sud-Est Inc. consisted of the strategic priorities listed below. They are not in any specific order other than Population Growth, which is seen to be the principal overarching strategic priority.

Population Growth	Acute Care	Long Term Care
Primary Health Care	Palliative Care	Mental Health
Population Health	Health Promotion & Illness Prevention/Education	Research
Quality	Patient Safety	Human Resources

Strategic Priorities

Population Growth: To collaborate fully in efforts to secure population-based RHA funding to meet the growing and changing needs of the South Eastman population.

Acute Care: To work towards equitable in-region access to quality acute care services for all South Eastman residents.

Long Term Care: To build the continuum of services required to meet the needs of the growing senior population, for residents living in the community and residents progressing through loss of full independence.

Primary Health Care: To expand primary health care by modeling all community-based services on primary health care principles, focusing on prevention and health education approaches.

Palliative Care: To enhance quality of living for residents reaching the end of life.

Mental Health: To build on the significant enhancements made to community mental health program and services over the past few years.

Population Health: To improve the health of the population not only through health service provision but by working collaboratively with the community across all sectors to understand and address the whole range of health determinants.

Health Promotion and Illness Prevention/Education: To further position promotion, education and prevention services as key to improving future health in the population.

Research: To uphold the RHA's commitment to evidence-based health policy-making and planning.

Quality: To foster an organizational culture that focuses on the client and the quality of care through continuous learning and service improvement.

Patient Safety: To foster a culture that facilitates patient safety by focusing on safety, disclosure, a systems approach and learning, ultimately improving quality of care.

Human Resources: To enhance quality of care by providing staff with the education, tools, experience, confidence and an environment that fosters a healthy workplace.

POPULATION GROWTH #1

Strategic Priority

To collaborate fully in efforts to secure population-based RHA funding to meet the growing and changing needs of the South Eastman population.

- To have adequate funding in all program areas.
- To more effectively meet the additional and unique needs of the overseas immigrants.
- To strengthen prevention and early intervention services to limit future demand for high cost care.

RHA Board Ends

- Residents have access to a full range of quality health care services.

Manitoba Health Link

- Optimize the health status of all Manitobans through prevention and health promotion.

Context

- South Eastman continues to experience a level of population growth not experienced elsewhere in Manitoba
- The RHA recognizes that to continue to deliver quality care using the right provider at the right place and at the right time requires increases in funding
- Concerns continued to be raised regarding ongoing funding challenges as it relates to per capita funding and our inability to catch up as it relates to population growth.
- Funding for 2010-2011 has been confirmed at an overall increase of 3.8%. This is the lowest annual increase received in the history of the RHA and produced a shortfall on the budget of $1,939 million. This shortfall has been mitigated by implementing salary freezes, vacancy management (delaying the filling of any vacancy staff positions) and cuts to supplies, equipment and other discretionary expenditures. The RHA also closed the 2009-10 fiscal year with an accumulated surplus of $1.8 million and this will be used to off-set any operational deficit for 2010-2011.
- Balanced Budget presented in March 2010, much discussion on the mitigation of deficit strategies

Targeted Measures of Success

Per capita funding
Administrative Costs percentage

Results

Our baseline per capita funding in 1998 was $ 866. It has risen 29% to $1,115 per capita, our population has also increased by 27% since 1999.

Challenges and Future Directions

Our challenge is that per capita funding has not kept pace with our population growth and thus our services are under funded in the face of the increased service demands. Shortfalls in funding continue to impede progress toward the vision of the region. The Executive and Board will continue to advocate for increases in base funding to achieve the expansion of prevention, community wellness and primary care services to achieve regional, as well as Manitoba Health, priorities.

ACUTE CARE #2

Strategic Priority

To work towards equitable in-region access to quality acute care services for all South Eastman residents.

- To maintain equitable in-region access to acute care services.
- To strengthen Bethesda Hospital as a regional facility.
- To strengthen Hôpital Ste-Anne Hospital as a regional bilingual facility offering French language services.
- To enhance emergency departments at the two regional hospitals.
- To enhance regional Emergency Medical Services.
- To focus obstetrical services at Bethesda and Hôpital Ste-Anne Hospitals, the two regional hospitals.
- To increase midwifery services.

RHA Board Ends

- Residents have access to select secondary services within the region.

Manitoba Health Link

- Optimize the health status of all Manitobans through prevention and health promotion.
- Improve quality, accessibility, and accountability in the health system.
- Achieve a sustainable health system.

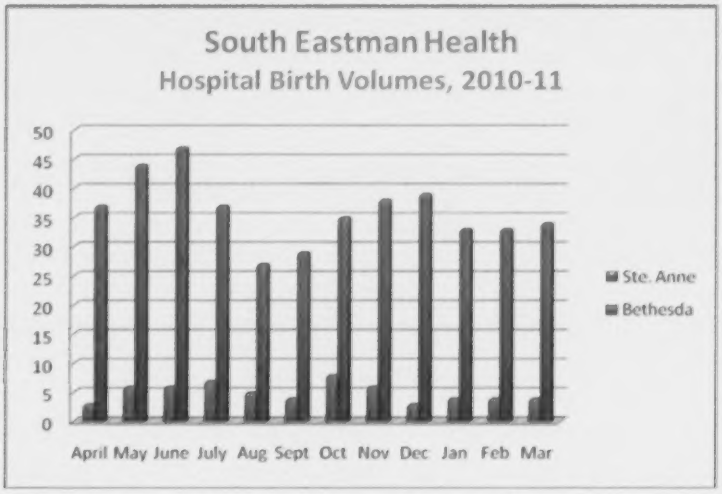
Context

- The capital projects for the conversion of the Emergency Department at Bethesda Hospital and the surgical suites at Hôpital Ste-Anne Hospital are progressing through the stages of design, tendering and awarding of contracts.
- The RHA is working to strengthen Bethesda Hospital, the region's only general hospital, as specializing in secondary and enhanced services, including Emergency Room and Cardiac Care. Complementary to this, the RHA aims at having Hôpital Ste-Anne Hospital function as our lead bilingual facility providing French language services in the emergency, obstetrics and medicine programs along with select secondary services.

Targeted Measures of Success

Percentage of employees able to provide French language services at designated bilingual facilities.

- Number of Emergency Medical Services primary unit shifts staffed at the Paramedic I and Paramedic II levels.
- Number of obstetrical deliveries or births at Hôpital Ste-Anne Hospital and Bethesda Hospital.
- Total number of visits to Emergency Department at Bethedsa Hospital.



Source: Utilization Statistics Report, South Eastman Health

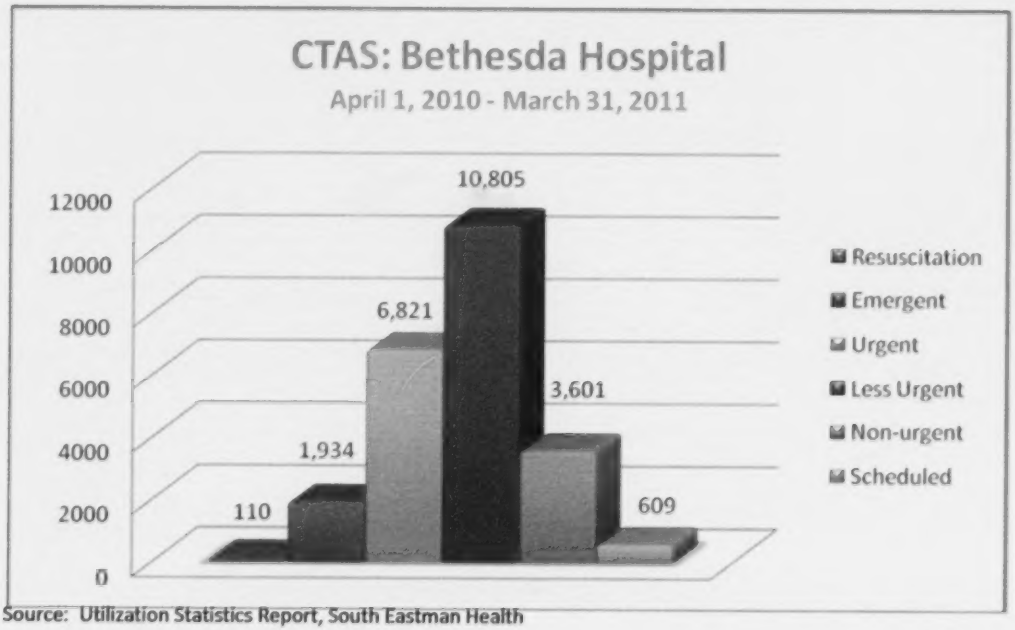
Results

- 64 % of employees provide bilingual services at our two designated facilities as do 25 % of employees in regional programs (these numbers are relatively stable since 2008-2009)
- One hundred per cent (100%) of the primary shifts in the Emergency Medical Services have a Paramedic I and 30 % have a Paramedic II on shift. The target has been reached for the Paramedic I. The target of 75% for the Paramedic II is still a goal.
- The number of births at Ste. Anne and Bethesda Hospitals reached 493, which is an increase of approx 23% at Bethesda Hospital.
- The total number of visits to the Emergency Department at Bethesda Hospital continues to be at or near 24,000. The numbers have consistently increased in the non-urgent category over the last four years while the number of scheduled visits has decreased.
- Midwifery staffing has 5.0 EFT funded positions and .5 EFT vacancy at the end of the fiscal year.

Challenges and Future Directions

The redevelopment of the Emergency Department will bring special challenges as the project moves forward. The temporary relocation of the department to the first floor of the Community Health Services Building (CHS) will bring challenges to service delivery for the community programs. The disruption is expected to last approximately 24 months.

The new department with the ability to fast track less urgent cases will likely address some of the service concerns related to waiting time but only provided the staffing complement is approved and funded.



Source: Utilization Statistics Report, South Eastman Health

LONG TERM CARE #3

Strategic Priority

To build the continuum of services required to meet the needs of the growing senior population for residents living in the community and residents progressing through loss of full independence.

- To help seniors live in the community as long as possible, in safe environments with quality of life.
- To enhance access to appropriate accommodations for seniors with activity limitations and disabilities.
- To partner with communities in developing senior housing options:

RHA Board Ends

- Vulnerable population groups are identified and have their specific needs met.

Manitoba Health Links

- Optimize the health status of all Manitobans through prevention and health promotion.

Context

- The senior population in the South Eastman region is increasing much more rapidly than in the rest of Manitoba. This has led to a decline in the availability of care services, specifically primary care and personal care homes.
- As the population increases and ages, and numbers of people with cancer and other life threatening illnesses rise, needs and expectations for access to quality, flexible and individualized cancer care and palliative care are escalating.
- Discussions are underway with legal counsel for Manitoba Housing Renewal Corporation (MHRC) to lease RHA property to support the 15 units of elderly persons housing in Sprague announced in October 2010.
- Supported and collaborated with Menno Home Board, Grunthal, on the development of assisted living and supportive housing.
- Supported le Chalet Board, La Broquerie in proposal for assisted living units.
- Implemented the three components of the provincial Long Term Care Strategy Supportive Housing, Supports for Seniors in Group Living and Specialized Supports.

Targeted Measures of Success

- Number of personal care home beds per 1,000 residents over 75 years of age.
- Number of supportive housing units developed.
- Comprehensive Long Term Care review. (completed in Fall 2010)

Results

- In 2008-09, the projected bed ratio for 2010 was 103 beds per 1,000 population over 75 years of age. Currently, the personal care home beds ratio is at 103 beds, which is lower than the Manitoba Health recommended levels of 110 for this population group.
- The expected 2% increase in 75 year old and over population will bring the projected bed ratio to 94 beds per 1,000 by 2015. This ratio is 15% less than the recommended number of 110.
- The regional long term care strategy working group continued to study the data and presented a Long Term Care Report to the RHA Board in fall of 2010.
- Long Term Care working groups were established to implement the recommendations of the Long Term Care Report.
- Implemented wage standardization for Services to Seniors workers.
- 72 Supportive Housing units are operational with 24 additional under development.
- 25 clients with complex needs receive Specialized Support.
- 325 residents of elderly persons housing receive Support for Seniors in Group Living.
- Supported a business case submission by Heritage Holdings, Niverville for replacement of the St. Adolphe Personal Care Home.

Challenges and Future Directions

The leading edge of the baby boom generation turns 65 years old in 2011 and 75 years old in 2021. The decreasing bed ratio in personal care homes will limit the ability to deliver appropriate care for the frail elderly who need 24 hour supervision and nursing support which will increase the need for home care resources. In addition the senior population, between the ages of 65-74, will have increasing expectations of resources to assist them to be maintained in their communities. The expansion of supportive housing, personal care home beds and community support for services is essential to address the growing pressures within all districts in the region. Work is ongoing to review the recommendations of the Long term care report and provide annual updates to the Board to assist with planning and decision making. The recent announcement of the Niverville Heritage Holdings Inc project will shift the 42 beds from St Adolphe and add an additional 38 beds to the Western district of the region. Overall pressures related to senior's care needs in South Eastman are expected to increase. The 2011-2016 strategic plan outlines the need to continue to pursue solutions for our growing senior population.

PRIMARY HEALTH CARE #4

Strategic Priority

To expand primary health care by modeling all community-based services on primary health care principles, focusing on prevention and health education approaches.

- To increase the quality and effectiveness of services provided at the first level of contact with the health system.
- To enhance prevention, health promotion, health education, and service integration.
- To meet expressed community needs for greater emphasis on front-line health services, new approaches to service provision, increased accessibility, increased flexibility, and alternate modes of delivery:

RHA Board Ends

- Residents have access to primary services.

Manitoba Health Links

- Optimize the health status of all Manitobans through prevention and health promotion.
- Improve health quality, accessibility and accountability of the health system.

Context

- Providing the right service to the right person at the right time is a high priority for South Eastman RHA and is expected by our residents.
- Physician recruitment and retention presents ongoing challenges region-wide.
- Declining access to primary health care due to population growth challenges the RHA to work towards innovative approaches to health care delivery.
- The Public Health Program includes a Healthy Living component that targets regional health education/information/ prevention strategies.
- The Primary Health Care Framework integrates the principles of primary health care into the design and evaluation of services and programs.
- The Primary Health Care Program expanded the Chronic Disease staffing resources with additional nursing and dietician staffing.
- The Primary Health Care Manager worked with the newly established chronic disease team to develop a strategy for the delivery of services and program goals. New funding has been announced to support Healthy Living initiatives, Chronic Disease Prevention Initiative (CDPI), diabetes program and cancer prevention. The funding is provided to achieve five broad deliverables related to primary care and healthy living.
- The incumbent RN(EP) based at the Niverville Primary Health Care Centre developed the community based RN(EP) role, participates on the regional RN(EP) Integration Committee and developed a collaborative practice role with the Niverville Medical Clinic.
- Ongoing discussions with Steinbach Family Medical Centre regarding primary health care model of care delivery.

Targeted Measures of Success

- # of disciplines at East Borderland and Niverville Primary Health Centres.
- # of meetings to explore Primary Health Care model with Medical Clinics.
- # of sites providing integrated service delivery.

Results

- The number of professional disciplines in the East Borderland and Niverville Primary Health Care Centre teams have increased over the last year with the addition of a dietician, school social worker and the Niverville RNEP who provides services one day a month at East Borderland Primary Health Care Centre.
- Primary health care discussions resulted in a shared care model at the Steinbach Family Medical Centre. A mental health counsellor has been integrated into the clinic services. This was a significant step in collaboration and integration of services. It is very successful with 50% of the physicians utilizing the services.
- Dialogue with community stakeholders and Steinbach Family Medical Clinic formed the basis of the health plan submission to develop an integrated primary health care site in the Central District of the region.
- Increased midwifery staffing and expanded the service base to include the Clearspring Mall site in Steinbach.
- Integrated service delivery sites increased with the establishment of a primary health care team at Clearspring Mall and expanded service options in Lorette.
- A community based wound care clinic was established and operated 7 days a week in Steinbach.
- A Health Promotion and Healthy Living Framework was developed with a focus on Tobacco use, Healthy Eating, Physical Activity, Injury Prevention, Sexual Health and Oral Health.

Grand Opening of South Eastman Health Centre – Clearspring
Jonathan Tyler (Mental Health Worker), Aurèle Boisvert (Board Chair), Kelvin Goertzen (MLA), Chris Goertzen (Mayor), Monique Vielfaure-Mackenzie (CEO), Geralyne Reimer (Midwife)

Challenges and Future Directions

The sustainability of health care service delivery is contingent upon innovative approaches such as the primary health care framework. Obtaining solid funding to expand the services within the communities to reach the target populations will remain a challenge as the health benefits are not immediately recognizable or measurable. Future directions are to continue to consult with stakeholders in the region to ensure health service delivery to the population in the right place at the right time with the correct resources.

There have been opportunities offered, since March of 2011, which we have submitted proposals to bring additional primary health care services to South Eastman Region. We are currently waiting to hear the results of these submissions.

Developing the primary health care approach to health services has been the focus for South Eastman health for the last five years and will continue to be as it is the core of our strategic plan for 2011-2016. The focus on community involvement in health care is central to the sustainability of the system. Over the next five years, South Eastman Health has a vision based on partnering with communities, families and individuals to achieve wellness and best possible health.

HUMAN RESOURCES #12

Strategic Priority

To enhance quality of care by providing staff with the education, tools, experience, confidence and environment that fosters healthy workplace.

- To provide staff with ongoing professional support.
- To provide staff with ongoing practical support:
    - Establish a regional staff development program that provides all staff with ongoing education, training, upgrading, and skills evaluation.
    - Provide tools/resources to enable staff to meet quality standards.

RHA Board Ends

- Residents have access to a full range of quality health care services.

Manitoba Health Links

- Achieve a sustainable health system. Improve health quality, accessibility and accountability of the health system.

Context

- Human resources are the back bone of any service industry and health care is no different. South Eastman RHA is committed to development of employees to their maximum potential. Averting future human resource shortages requires sustained efforts at recruitment and retention. The continued availability and appropriate utilization of skilled health care workers across disciplines and settings has never been more important.
- Shortages of professional health care providers, a shift in preferred care settings from acute to home and community, an aging population and the burgeoning costs of health care increase the need for the entire system to shift to a comprehensive and proactive focus on people.
- Ongoing coordination related to staff development across the continuum from leadership to frontline is essential to recruitment and retention. Staff development coordinators review education schedules to ensure ongoing programs are manageable for frontline staff.
- Support for managers related to collective agreements and consistency of application within and across bargaining units has been facilitated by the ongoing educational sessions and a resource called "HR Matters".
- Long term care (LTC) staff have an established training schedule based on Manitoba Health LTC Standards.
- Respectful workplace work shops have been conducted across the region to encourage committed team work environments.
- Prevention is 9/10ths of Law workshops have also been held to assist staff to become more comfortable in addressing aggressive situations and feel safer in their work environment.
- Staff identify training needs and areas of concern related to skills and are encouraged to manage their own continuous learning and growth.
- Enhanced staff development and organizational effectiveness is being achieved through a variety of work opportunities.

Targeted Measures of Success

- Formalized staff development program.

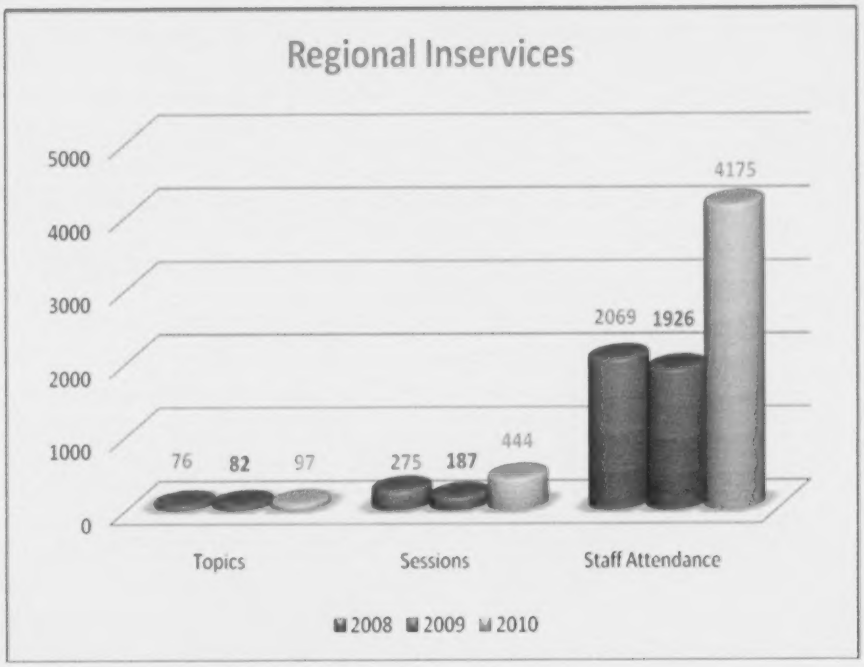
Results

- Annual training schedule established for the Acute care and Long Term Care staff based on mandatory requirements.
- General orientation enhanced for all staff including community programs.
- Ongoing staff development for acute, community and long term care staff based on shared planning model that identifies annual priorities including legislative requirements such as violence in the workplace.
- Licensed Practical Nurses educated on Advance Care Life Sustaining skills in our minimally staffed sites.
- Education sessions on crucial conversations and crucial confrontations held in Fall 2010 with 20 regional management personnel attending.

Challenges and Future Directions

Challenges in recruitment and retention are evident in all disciplines and across all areas of the region. The region participates in the National Benchmarking Survey and the data is utilized in regional scorecards, as appropriate. Continued funding is central to providing education and support to staff development and recruitment and retention of staff will continue to be a challenge in the current financial environment.

Staff education resources were challenged in the final quarter of the year related to a vacancy in the department for acute care sites. The position has been filled and we are looking forward to moving ahead with the initiatives started under the previous incumbent.



Source: Staff Development In-services Reports

The 2011-2016 Human Resources Strategic plan identifies actions related to recruitment and retention which include a recruitment marketing strategy, comparisons to best practices, exploring educational institutions for opportunities to partner and enhanced tracking of bursary programs, student programs to maintain contact with students. Measures of success will be a structured and employment marketing strategy which will support managers in recruitment practices.

RISK MANAGEMENT STRATEGY

South Eastman Health/Santé Sud-Est Inc. has an integrated risk management policy which assists us to ensure that risk is managed within the region's health care system. The intent is to provide a foundation in a non-threatening environment which will encourage the development of a work force capable of recognizing and dealing with risk issues. The regional risk committee membership includes two board members, as well as staff from certain high risk areas such as patient safety, acute care facilities and some community programs. The regional risk management strategy was updated to reflect the enterprise risk management philosophy. Ongoing reporting of occurrence information is in place and reports are generated regularly to follow trends within our services. Information on service concerns is available on the RHA website at www.sehealth.mb.ca and the policy is on the internal website. We encourage prompt replies and resolutions to all complaints brought forward. We are exploring the applicability of a web-based reporting system for risk assessments, compliance and mitigation strategies.

Protection of information both patient and business is very important to us and we work hard to safeguard our citizens when they come to us for care. Patient safety is more than a "buzz" word for us. Each year we have a patient safety week where ongoing work to educate our staff about the risks inherent in providing health care services is highlighted. We actively engage in initiatives with Manitoba Patient Safety Institute, Safer Healthcare Now! and Accreditation Canada. This past year our patient safety officer provided an information session on Medication Reconciliation in long term care at a national conference held in Winnipeg as well as on a national webinar event.

South Eastman regularly shares information and seeks learning opportunities to increase our knowledge on how to assist individuals to deliver safe care and be safer in the health care system.

The Board had an internal audit conducted of possible risk/accountability expectations and next steps to ensure that the organization is meeting the requirements is under consideration.

DATA LIMITATIONS

The business of health care is dedicated to patient care and data collection. Synthesis and analysis is invaluable to making informed decisions to improve patient care experience. Collection and reporting of performance measures requires reliable, valid and tested methodology. A variety of resources are accessed to gather pertinent information to assist with decision-making. The provincial initiative to develop standard indicators will assist with meaningful benchmarks and comparisons across regions in designated areas. All data must be considered within a context and presented to the audience in an understandable and useful manner. We have endeavoured to utilize reliable and reputable sources for our data, i.e. The Manitoba Centre for Health Policy, Statistics Canada, Canadian Health Services Research Foundation and our own Community Health Assessment (2008-09). In addition, our internal data sources such as quality teams, financial and human resource data bases were accessed.

CAPITAL PLAN

South Eastman Health/Santé Sud-Est Inc continues to upgrade its capital infrastructure throughout the region to meet legislative standards of care and program volume needs. Prioritization of all capital projects and safety and security projects occurs annually as a result of the Health Planning process and involves a rigorous priority ranking tool.

Emergency Department Project at Bethesda Hospital

This project was announced by the Minister of Health in October 2007 and much work has been completed to date. The functional plan and design work with the architects has been completed. The planning for relocating the Emergency Department services during construction is finalized. The first floor of the Community Services Building at 365 Reimer has been identified as the space for the temporary emergency department during the 24 months of construction required to complete the renovations. Significant planning has been undertaken to ensure that the temporary space will meet the needs of the region. The project is moving ahead and we expect to have construction underway in 2011-2012.

Operating Suite and Post Anaesthesia Care Unit at Hôpital Ste-Anne Hospital

The Minister of Health also announced the investment of more than $6 Million for renovations to Hôpital Ste-Anne Hospital in the fall of 2007. The design phase and architect designs were unveiled to the public this past spring. The tender process was completed and the contract awarded in June 2011. There was a sod turning ceremony.

Sod Turning event at Ste-Anne Hospital (June 2011)
Guy Lévesque (Board Chair), Cécile Dumesnil (Director of Pharmacy), Ron Lemieux (MP) and Minister Theresa Oswald (Manitoba Health)

PARTNERSHIPS

South Eastman Region has been an active partner with a number of community groups to advance the development of innovative health care services

SFMC Shared Care Model:

In the spring of 2010 a mental health worker was co-located within the Steinbach Family Medical Centre to provide continuity of care to patients requiring mental health services. Since the first tentative days to this service the referral rate from the physicians has been a steady flow. The physicians have expressed their appreciation for having this service. The case load of the mental health worker is frequently full but the type of service provider does allow for new patients to be added in a timely manner. Access to acute care mental health beds is always a challenge as none currently exist within South Eastman.

Out of the Blue/Jasons des Blues:

This mental health initiative is a perfect example of collaboration at its best. Initiated by the South East Regional Suicide Prevention Committee, Out of the Blue is a community project that promotes help seeking behaviour and dialogue about mental health and mental health problems to ultimately prevent suicide. Individuals, community groups and businesses all over the Southeast engaged in Blue activities throughout the campaign to shed light on the subject. The campaign culminated in a Blue Gala attended by over 200 guests including students and community leaders. The Gala included awards and a keynote speaker: comedian Big Daddy Taz. Awards were distributed to individuals and groups for outstanding awareness projects.

Out of the Blue/Jasons des blues: Blue Carpet Gala Awards ceremony and Student champions form Shevchenko School in Vita

Niverville Holdings INC:

The purchase of the St. Adolphe Nursing Home by Niverville Holdings Inc. led to the development of a plan to create a personal care home located in Niverville. The plan has changed over time and the Niverville Holdings Inc organization has developed strong partnerships both with South Eastman Health and the local community to accomplish the approval of an 80 bed personal care home to be built in 2011-2012.

THE PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWER PROTECTION) ACT

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public sector.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by South Eastman Health/Santé Sud-Est Inc. for the fiscal year 2010-2011.

Information required annually (per Section 18 of the Act)	Fiscal year 2010-2011
The number of disclosures received, and the number acted on and not acted on. Subsection 18(2)(a)	NIL. No disclosure was received.
The number of investigations commenced as a result of a disclosure. Subsection 18(2)(b)	NIL. No investigation was commenced under the Act.
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. Subsection 18(2)(c)	NIL. No investigation was commenced under the Act.

ADMINISTRATIVE COST REPORTING

The Minister has requested that all Health Authorities provide more detailed public reporting on their administrative costs. In order to provide more transparency and clarity as to what is included in the nationally accepted definition of administrative costs, the administrative costs are to be reported in three categories: Corporate, Patient-Care related and Human Resources and Recruitment. These three categories are then to be reported as a percentage of total operating expenses. In accordance with this reporting requirement the following table is provided:

Type of Administrative Cost	Total 2010-2011 Costs	% of Total Operating Expense	
		2010-2011	2009-2010
Patient Care	284,580	0.35%	0.30%
Human Resources & Recruitment	808,566	1.24%	1.07%
Corporate	4,002,833	4.66%	4.92%
Total Administrative Cost	***5,095,979***	***6.25%***	***6.29%***

Administrative and Corporate Costs

As at March 31, 2011
(Amounts in thousands of dollars, un-audited)

The Canadian Institute of Health Information (CIHI) defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. The Authority adheres to these coding guidelines.
Administrative costs include corporate operations (including hospitals, non-proprietary personal care homes and community health agencies), as well as patient care-related functions such as infection control and patient relations and recruitment of health professionals. A further breakdown of administrative costs, as required by MH is included below to provide a more detailed summary of administrative costs.

The figures presented are based on data available at time of publication. Restatements may be made in the subsequent year to reflect final data and changes in the CIHI definition, if any. The administrative costs as a percentage of total operating costs) adheres to CIHI definitions.

Definitions:

- Patient care-related functions: infection control, patient relations, quality assurance, accreditation, cancer standards and guidelines, and bed utilization management.
- Recruitment and human resource-related functions: recruitment and retention, labour relations, personnel records, employee benefits, payroll, health & assistance programs, and occupational health & safety.
- Corporate operations: general administration (executive offices, board of directions, medical directors, administrator of acute, long term and community care, public relations, planning & development, community health assessment, risk management, internal audit), finance (general accounting, accounts receivable, accounts payable and budget control) and communications (telecommunications, visitor information and mail service).

Complete financial statements as well as reports relative to Public Disclosure Act are available on sehealth.mb.ca or by calling 424-5880.

BDO

Tel/Tél.: 204 956 7200
Fax/Téléc.: 204 926 7201
Toll-free/Sans frais: 800 268 3337
www.bdo.ca

BDO Canada LLP/s.r.l.
700 - 200 Graham Avenue
Winnipeg MB R3C 4L5 Canada

Report of the Independent Auditor on the Condensed Financial Statements

To the Board of Directors of SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.:

The accompanying condensed financial statements, which comprise the statement of financial position as at March 31, 2011, and the statement of operations for the year then ended, is derived from the audited consolidated financial statements of **SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.** for the year ended March 31, 2011. We expressed an unmodified audit opinion on those financial statements in our report dated June 22, 2011.

The summary financial statement does not contain all the statements and disclosures required by Canadian generally accepted accounting principles. Reading the condensed financial statements, therefore, is not a substitute for reading the audited consolidated financial statements of the Health Authority.

Management's Responsibility for the Summary Financial Statement

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in Note 1.

Auditor's Responsibility

Our responsibility is to express an opinion on the condensed financial statements based on our procedures, which were conducted in accordance with Canadian Audit Standard (CAS) 810, 'Engagements to Report on Summary Financial Statements'.

Opinion

In our opinion, the condensed financial statements derived from the audited consolidated financial statements of **SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.** for the year ended March 31, 2011 is a fair summary of the financial statements, on the basis described in Note 1.

BDO Canada LLP

Chartered Accountants

Winnipeg, Manitoba
June 22, 2011

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SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.
Condensed Statement of Financial Position

March 31	Regional Health Authority	Contract Facilities	2011 Consolidated	2010 Consolidated
Assets				
Current Assets				
Cash	$ 6,311,189	$ 550,007	$ 6,861,196	$ 8,035,283
Accounts receivable	1,289,875	86,644	1,376,519	1,626,637
Due from Manitoba Health	1,639,725	16,048	1,655,773	83,145
Inventories	1,537,695	91,592	1,629,287	1,583,720
Prepaid expense	695,803	27,304	723,107	484,851
Vacation entitlements receivable	2,165,279	488,270	2,653,549	2,653,549
	13,639,566	1,259,865	14,899,431	14,467,185
Retirement obligations receivable	1,898,575	458,577	2,357,152	2,357,152
Restricted assets	94,093	-	94,093	105,482
Capital assets	43,265,632	11,202,035	54,467,667	52,838,288
	$58,897,866	$12,920,477	$71,818,343	$69,768,107
Liabilities and Net Assets				
Current Liabilities				
Bank indebtedness	$ -	$ 23,850	$ 23,850	$ 33,947
Accounts payable and accrued liabilities	5,214,817	522,475	5,737,292	4,868,911
Accrued vacation entitlements	3,435,706	735,226	4,170,932	4,368,442
Due to contract facilities (from Health Authority)	425,291	(425,291)	-	-
Due to Manitoba Health				
Unearned revenue	198,268	9,548	207,816	500,662
	9,274,082	865,808	10,139,890	9,771,962
Accrued retirement obligations	4,082,114	773,841	4,855,955	4,622,785
Deferred Contributions				
Expenses of future periods	427,287	302,889	730,176	887,870
Capital assets	42,737,383	10,962,196	53,699,579	52,070,200
	43,164,670	11,265,085	54,429,755	52,958,070
Commitments and contingencies				
Net Assets				
Investment in capital assets	528,249	239,839	768,088	768,088
Externally restricted - Contract Facilities	-	(224,096)	(224,096)	(285,494)
Externally restricted	94,093	-	94,093	105,482
Unrestricted	1,754,658	-	1,754,658	1,827,214
	2,377,000	15,743	2,392,743	2,415,290
	$58,897,866	$12,920,477	$71,818,343	$69,768,107

SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.
Condensed Statement of Operations

For the year ended March 31			2011	2010
	Regional Health Authority	Contract Facilities	Consolidated	Consolidated
Revenue				
Province of Manitoba				
Health	$75,027,742	$ 9,667,145	$84,694,887	$81,508,303
Other	1,319,369	-	1,319,369	1,130,315
Government of Canada	-	77,562	77,562	77,562
Non-insured income	3,072,715	2,263,943	5,336,658	5,241,474
Other income and recovered services	1,544,597	429,741	1,974,338	505,788
Amortization of deferred contributions	2,457,239	497,300	2,954,539	2,671,133
	83,421,662	12,935,691	96,357,353	91,134,575
Expenditures				
Acute care services	28,193,191	-	28,193,191	26,071,086
Long-term care services	9,996,096	12,376,993	22,373,089	22,012,035
Community based home care services	14,942,762	-	14,942,762	14,178,780
Community based health services	7,872,382	-	7,872,382	6,452,248
Medical remuneration	6,289,294	-	6,289,294	5,814,826
Diagnostic services	4,080,293	-	4,080,293	3,861,558
Emergency Medical Services	4,069,321	-	4,069,321	3,632,793
Community based mental health services	2,985,572	-	2,985,572	2,995,034
Amortization of capital assets	2,457,239	497,300	2,954,539	2,671,133
Regional Health Authority costs	2,608,068	-	2,608,068	1,952,830
	83,494,218	12,874,293	96,368,511	89,642,323
Excess (deficiency) of revenue over expenditures for the year	$ (72,556)	$ 61,398	$ (11,158)	$ 1,492,252
Allocated as follows				
Externally restricted	$ -	$ 61,398	$ 61,398	$ (63,912)
Unrestricted	(72,556)	-	(72,556)	1,556,164
	$ (72,556)	$ 61,398	$ (11,158)	$ 1,492,252

Note 1

Management is responsible for the preparation of the condensed financial statements. The statements presented include only the condensed statement of financial position and the condensed statement of operations. They do not include the consolidated statement of changes in net assets, the consolidated statement of cash flows, the significant accounting policies and notes to the consolidated financial statements.

Copies of the March 31, 2011 audited financial statements are available by contacting South Eastman Health/Santé Sud-Est Inc.

South Eastman Health
Santé Sud-Est

South Eastman Health is a bilingual Regional Health Authority that offers community health and acute care services in southeast Manitoba.

General Information

Corporate Office	424-5880
Toll Free	1 866 716-5633
Email	corp@sehealth.mb.ca
Website	www.sehealth.mb.ca

Hospitals

Bethesda Hospital	326-6411
De Salaberry District Health Centre	433-7611
Hôpital Ste-Anne Hospital	422-8837
Vita & District Health Centre	425-3804

Primary Health Care Centres

East Borderland (Sprague)	437-3015
Niverville	388-2030
South Eastman Health Centre (Clearspring Mall-Steinbach)	326-7569

Community Services

Dominion City	427-3460
Lorette	878-9752
St. Adolphe	883-2243
Ste. Anne	422-8817
St. Pierre-Jolys	433-7636
Steinbach	346-6123
Vita	425-3859

Personal Care Homes

Bethesda Place (Steinbach)	326-6411
Repos Jolys (St. Pierre-Jolys)	433-7443
Whispering Pines Lodge	425-3325

Community Health Centres

Centre de bien-être La Broquerie	424-5575
Centre de bien-être Sainte-Agathe	882-2827
Health Corner/Coin Santé (St. Pierre-Jolys)	433-7611

Long Term Care Facilities

Menno Home for the Aged (Grunthal)	434-6496
Rest Haven Nursing Home (Steinbach)	326-2206
Villa Youville (Sainte-Anne)	422-5624
St. Adolphe Personal Care Home[1]	883-2181

[1] *privately owned*

Programs & Services

Audiology	346-7009
Community Cancer Care	346-5160
Diagnostic Services	346-5153
Emergency Medical Services	346-7028
Home Care	346-6122
Mental Health	346-7034
Crisis Response Services	326-9276
Toll Free	1 888 617-7715
Community Health Assessment	346-6357
Midwifery	433-7198
Palliative Care	346-7064 or 433-7636
Public Health	346-6145
Primary Health Care	388-2042
Services to Seniors	388-2043

424-5880 1 866 716-5633

sehealth.mb.ca

Le rapport annuel à la communauté est disponible en français